



Upcoming Events:

Medical Directors Conference

September 27th-28th

The Wyndham Riverfront
Hotel

2 Riverfront Pl, North
Little Rock, AR 72114

EMSC Advisory Council Meeting

October 31st at 1:00 PM

5800 W. 10th St, Little
Rock, AR 72204

Room 801

Emergency Medical Services for Children attended the AEMTA Conference in Hot Springs, AR in early August and provided training resources to many EMS services and attendees. This is one of many conferences that EMSC will be attending. The Medical Director’s Conference is coming up at the end of September and Kellie Tolliver will be speaking about Pediatric MCI Drills. While still a few months out, we will also be at the Eureka Springs EMS/Fire Conference providing resources and training opportunities to the attendees.

Arkansas Children’s Hospital and EMSC will be moving away from the monthly Pediatric Vodcasts and switching to monthly podcasts that will be accessible from Apple, Google, and YouTube. Please subscribe to the Arkansas Children’s Hospital podcast channel, “Better Today, Healthier Tomorrow” to receive notifications about new podcasts being available. EMSC will still be sending out reminders for the podcasts. The decision was made to move away from Zoom to make the podcasts more accessible to providers and give the providers an opportunity to listen to the podcast anywhere and any time. We will still be providing CEU hours to the pre-hospital providers once they listen to the podcast. There will be an introduction podcast posted, please listen to it for more information and how to obtain the CEU hours.

EMSC is excited to announce that the Arkansas Pediatric Ambulance Recognition Program has entered the pilot phase and is currently being piloted with multiple EMS services and fire departments across the state. The goal with this program is to get the majority of EMS services and fire departments pediatric ready and be prepared in the best way possible for pediatric emergencies.

If your service does not have the “Pediatric EMS Quick-Reference Guide” flip-books, please reach out so we can get those distributed. These guides have been updated with new medication dosages for pediatrics. Medication errors in Arkansas are still occurring and we want to reduce the number of medication errors as much as possible.

Additionally, when EMSC purchased the Disaster in Seconds kit, there were “Peds Pearls” included with the kit. The Peds Pearls offers tips and tricks for pediatric scenarios that providers may encounter on a call. EMSC will be sending out one to two Peds Pearls once a month. This month’s topic is febrile seizures.



Parents, especially new, first time parents, go through lots of scary events. For many, one of the scariest is when their little one has a fever. And even scarier than a fever, is when a seizure piggy backs on that fever. That's why we, in the medical field, call a febrile seizure.

For most of us, seasoned medical professionals that we are, a febrile seizure does not evoke the same frightened concern that a new parent might experience. Our cool, calm, and collected approach to these patients and parents should be the result of our differentiating the febrile seizure from any other, more serious type of seizure activity in children.

So, when it comes to recognizing the pediatric febrile seizure, just remember three things. And the key to jog your memory is **5, 5, & 15!** (Notice how "febrile seizures" starts with "f" and our memory key is three words that start with "f"!))

(F)ive— The little one is under the age of 5. Febrile seizures are especially common in toddlers when a fever, added to the normal brain development causes, chaos! (The caveat here is the knowledge that infants under the age of six-months are the exception to this recognition rule. Seizures in kids younger than 6-months-old tends to be something other than a febrile seizure in nature.)

(F)ive— The kids with febrile seizures typically have temperatures in the 102-105°F (38.9-40.5°C) range. It's not necessarily the highest point of the fever, but in many cases, is a result of how fast the fever rises.

(F)ifteen— The seizure lasts for less than 15 minutes. Seizures lasting longer than 15 minutes are probably something besides a **simple** febrile seizure.

So, as healthcare providers, what we need to remember about this most common type of pediatric seizure is **5, 5, & 15**. But what about parents? We need to treat them, as well as their children. They need to have two basic questions addressed prior to leaving the ER, because we know that the parents are worried about these things.

Question #1— **Does the fact that the child had a simple febrile seizure mean s/he has or is going to develop epilepsy?** Absolutely not. One has little to nothing to do with the other. Having a febrile seizure DOES NOT mean the child will develop epilepsy. The vast majority of kids experiencing a febrile seizure (upwards to 95%) do not have any further complications from the seizure.

Question #2— **Will it happen again?** Very possibly. Up to 1/3 of kids who have a febrile seizure will have another one (or two) before they outgrow them... and there's typically nothing we can do to prevent them. Anticonvulsants (phenobarbital, etc.) or prophylactic fever prevention with Tylenol or Motrin have **not** been shown to have effect on the likelihood of having another febrile seizure.