

**MANAGEMENT OF FEBRILE SEIZURES: ATTITUDES OF HEALTH CARE WORKERS****G. Tornese**<sup>1</sup>, F. Festini<sup>2</sup>, P. Siani<sup>3</sup>, G. Simeone<sup>4</sup>, F. Marchetti<sup>1</sup><sup>1</sup>*Department of Paediatrics, Institute of Child Health 'Burlo Garofolo' - University of Trieste, Trieste,*<sup>2</sup>*Società Italiana di Scienze Infermieristiche Pediatriche (SISIP) - Italian Society of Paediatric Nurse Science, Florence,* <sup>3</sup>*Associazione Culturale Pediatri (ACP) - Paediatric Cultural Association, Naples,*<sup>4</sup>*Associazione Culturale Pediatri (ACP) - Paediatric Cultural Association, Mesagne, Italy*

**Background and aim:** The strength of evidence-based recommendation on febrile seizures (FS) suggests the opportunity to check the current state of knowledge and behaviour on FS among health care workers (HCW).

**Methods:** We asked to residents in paediatrics (RP), family paediatrician (FP), paediatric consultant (PC) and paediatric nurses (PN) to fill in a questionnaire. From a clinical scenario, the questionnaire asked information about: the incidence of CF in children 6 mos-5 yrs; the probability of another episode; the effectiveness of antipyretics on the prevention of FS; the timing of endorectal diazepam in successive FS; the opportunity to perform an EEG at the first episode.

**Results:** We received 1025 questionnaire (162 PC, 604 FP, 92 RP, 167 PN). Incidence of FS (3-5%) was correctly identified by 64% of the HCW (41% PN, 71% FP); probability of recurrence of FS (20 -30%) by 58% of HCW (47% PN, 64% RP). Seventy-five percent of HCW stated properly that there is no evidence that antipyretics reduce the recurrence. Also 75% of HCW (82% RP, 72% PC) correctly answered that endorectal diazepam should be used if the crisis lasts more than 1-2 minutes. About EEG, 81% correctly reported to not perform it in case of a simple FS (93% RP, 76% PN). Overall, only 45% of HCW provided a correct answer to all five questions formulated.

**Conclusions:** The study shows a reasonable degree of knowledge of HCW, although with a difference between professional groups. Information campaigns and training on the management of FS are needed.