ACUTE MANAGEMENT OF SEIZURES IN INFANTS AND CHILDREN

This PCP relates to
NSW Health PD
NSW PD 2006_023: Children and Infants who have a Seizure – Acute Management

PCP number
NSW PD 2006 _023:PCP 3 Acute management of seizures in infants and children

Sites where PCP applies
Manning Hospital Emergency Department (ED)

Target audience
Clinicians in ED where children present with a seizure.

Description
Provides evidence based practice guidelines for the treatment of infants and children with seizures

Subject
Acute management of seizure in children and infants

Keywords
Acute management seizure children infants

Replaces existing PCP
No

Document number and/or name of superseded document/s

Related Legislation (including OHS legislation), Australian Standards, NSW Health Policy or Circular, other HNEH Documents, Professional Guidelines, Codes of Practice or Ethics:
NSW Health Paediatric Clinical Practice Guidelines

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Summary
- This PCP is a guideline in the management of seizure in infants and children
- It promotes evidence based practice in the timely administration of appropriate drugs.
- This PCP provides guidelines on appropriate transfer/retrieval based on clinical assessment and response to treatment or discharge planning
- PCP includes fact sheet for parent information.

Distribution:
General Manager, DON, Paediatrician, NUM ED, ED Physician, Director of Medical Services CYP&FCN Stream Leaders

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PCP authorised by: Professor Trish Davidson - Clinical Leader CYP&FCN

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PCP Review Due Date: May 2009
TRIM Number: Pending
Phenytoin: 20mg/kg IV/IO
Phenobarbitone: 20mg/kg IV/IO
If already on the above anticonvulsants halve the above loading dose

Rapid sequence induction with Thiopentone if still fitting

Establish Airway
Suction
Oxygen
Obtain intravenous or intraosseous access
Check Blood glucose
Seek senior advice and assistance if necessary

Vascular access obtained
Midazolam 0.15 mg/kg IV / IO
Either:
1. Midazolam 0.3mg/kg buccal / intranasal / rectal
2. Midazolam 0.15mg/kg IM
Paraldehyde 0.4ml/kg PR Diluted 50:50 with N/S or olive oil

Seizure Terminated
- Position child in Trendelenburg position, on left side
- Maintain airway (jaw thrust, chin lift, succion)
- History /Examination -Search for underlying cause (head injury, sepsis, meningitis, metabolic)
- Investigations - full blood count, electrolytes, calcium, magnesium, blood culture, consider lumbar puncture, cerebral imaging if focal seizure, blood pressure
- Consider antibiotics if bacterial sepsis cannot be excluded