Pediatric Convulsive Seizures, Status Epilepticus

Designation of Condition: Excessive, chaotic discharge of cerebral neurons that typically manifests with immediate loss of consciousness and convulsive tonic-clonic muscular activity followed by a postictal period of generalized muscle relaxation and confusion. Bite wounds to tongue and/or buccal mucosa, as well as bladder incontinence, are often observed.

ALWAYS CONSIDER AND EVALUATE FOR NON-ACCIDENTAL TRAUMA (LOOK FOR SIGNS OF PHYSICAL ABUSE IN A SEIZING/UNRESPONSIVE CHILD)

B

ABC's
Vital signs including BGL
Establish and maintain airway
Suction as needed
High flow oxygen
Capnography
If pt is postictal:
Maintain patient's airway
Protect patient from injury
Place patient on left side
Febrile Pt give Tylenol per
Fever Guidelines

I

IV/IO
If BGL ≤ 60 mg/dl administer
Dextrose 10% 250ml bolus

Consider the Cause

- Febrile (age <6 years old)
- Epilepsy
- Hypoglycemia
- Trauma
- Intracranial hemorrhage
- Accidental Ingestion
- Infection: Meningitis, sepsis

Status Epilepticus

Patient continues to actively seize and generalized seizure is prolonged (>5minutes) OR More than 2 generalized seizures recur without an intervening lucid period

P

Midazolam 0.3mg/kg IN (max 2mL)
If larger volumes are required, IM or IV/IO preferred.
or
Midazolam 0.1mg/kg IM (max 5mg)
May repeat once after 5 minutes for status epilepticus.
or
Midazolam 0.1mg/kg IV/IO (max 2.5mg)
May repeat once after 3 minutes for status epilepticus.

Consider 12 lead EKG in suspected TCA OD
or any other possible underlying disorder.

*****KEY POINTS*****

Consider IN and IM routes for first dose administration.

Patient may be combative while in postictal state. Protect patient from injury and attempt to keep oxygen on patient.

Consider spinal precautions based on possible trauma.