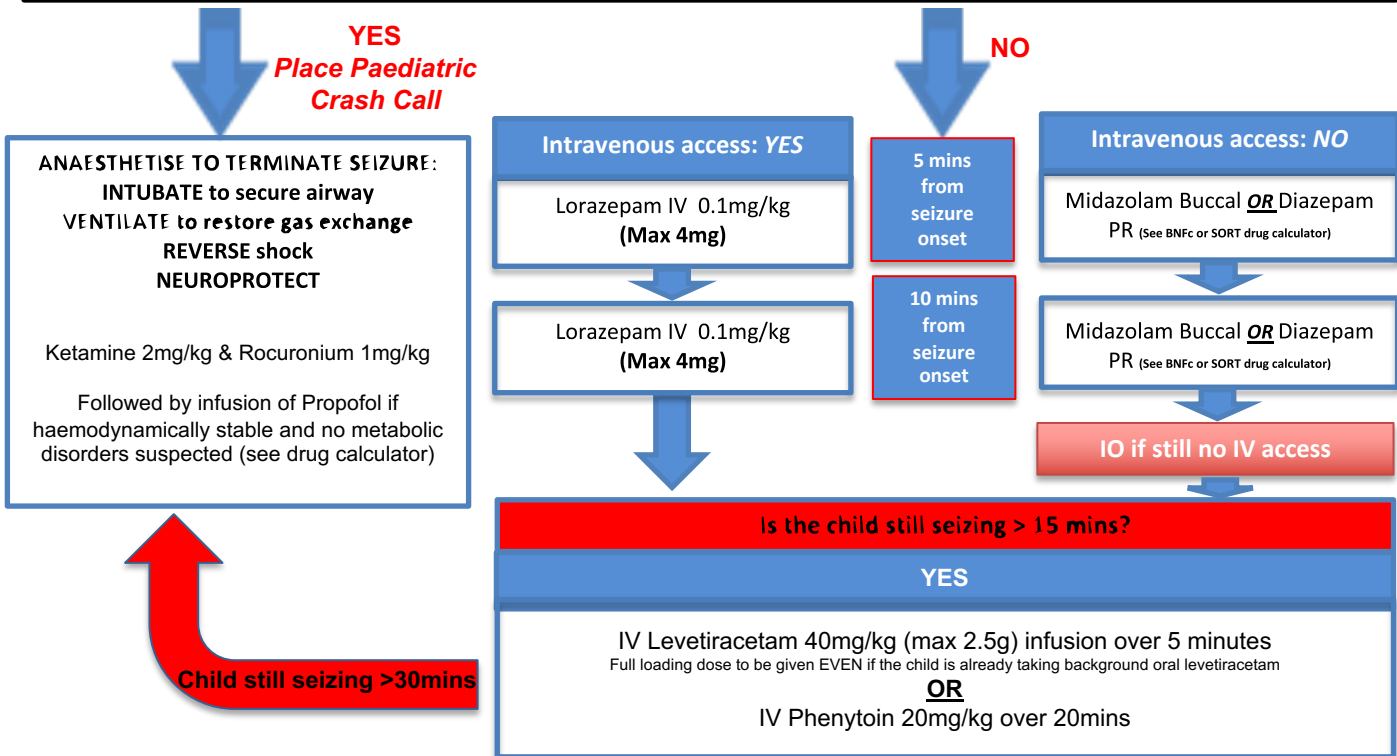


# Treatment of Prolonged Paediatric Seizures

## IS THERE EVIDENCE OF ANY OF THE FOLLOWING:

- A:** Airway obstruction requiring a jaw thrust, airway adjunct or the application of PEEP
- B:** Respiratory failure
- C:** Shock
- D:** Signs or symptoms of raised intracranial pressure, trauma, encephalopathy or focal neurology



## Call SORT (023 8077 5502)

### URGENT INTERVENTIONS

- Check Glucose
- Treat hyponatraemia with 3-5 mls/kg of 2.7% sodium chloride
- Maintain normothermia
- Treat meningococcalitis with: IV ceftriaxone 80mg/kg & aciclovir
- Check ammonia  
**DO NOT LUMBAR PUNCTURE**

### REASSESSMENT

- If seizures persist see management of refractory seizures below
- If seizures controlled, physiology normal and serious reversible causes excluded plan to extubate locally (with SORT advice)

### INDICATIONS FOR CT SCAN

- Suspected raised ICP
  - Suspect space occupying lesion
  - Refractory seizures
  - VP shunt in-situ
  - Trauma
  - New focal seizure
  - New neurological deficit
  - New prolonged seizure
  - NAI
  - Intracranial infection
- Remember to request a contrast enhanced scan if suspicion of venous sinus thrombosis or abscess*

### MANAGEMENT OF REFRACTORY SEIZURES AFTER INTUBATION AND VENTILATION

- Commence midazolam infusion: 100 mcg/kg bolus and start at 100 mcg/kg/hr
- Repeat midazolam 100 mcg/kg bolus every 5 minutes and increase infusion rate by 100 mcg/kg/hr until seizures controlled
- Consider addition of Phenytoin or Levetiracetam (if not already received) or load with Phenobarbital
- Consider Thiopentone infusion after discussion with SORT consultant
  - Obtain central access as hypotension will develop & vasopressors may be required
- Find and treat cause

#### References

Levetiracetam versus phenytoin for second-line treatment of paediatric convulsive status epilepticus (ECLIPSE): a multicentre, open-label, randomised trial. Lyttle et al.

Levetiracetam versus phenytoin for second-line treatment of convulsive status epilepticus in children (ConSEPT): an open-label, multicentre, randomised controlled trial. Dalziel et al.

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