

# Child older than 1 month having a prolonged generalised convulsive seizure

**Immediately**



t = 0

## First Aid / ABC

Note the time the seizure started  
Is there an individual emergency plan?

**5 minutes**

## All children:

- ▶ If seizure continuing, proceed to next step
- ▶ No more than 2 appropriate doses of benzodiazepine in total
- ▶ Prepare drugs in advance so that they can be given on time
- ▶ Blood sugar

## As indicated:

- ▶ U&E, Ca, Mg, FBC, LFTs, toxicology screen, anticonvulsant drug levels, blood cultures, other...
- ▶ Manage underlying cause (see afebrile, febrile seizure & reduced conscious level guidelines)

## Definition

Children with a prolonged generalised convulsive seizure will be

- unresponsive
- with 4 limb involvement (some asymmetry allowed)
- > 5 min duration
- febrile or afebrile
- may or may not have an epilepsy
- may or may not have an underlying cause for the seizure

Also consider non-epileptic attacks, rigors, decerebrate posturing with raised ICP etc as these may appear similar but require different management.

Call '999' for ambulance if not in hospital

Call for senior help if in hospital

Blood Glucose, Oxygen, Blood Pressure and IV access as soon as possible

## 1<sup>st</sup> 'Status Drug'

**Give in Community or Ambulance or Hospital**

**Buccal Midazolam** 0.5 mg/kg (max 10 mg)

See green instructions box

OR

Use if IV access or Buccal Midazolam are not available.

**Rectal Diazepam** 0.5 mg/kg (max 20 mg)

Rounded to nearest 2.5mg

OR

For example, in hospital setting it can be given without delay

**IV Lorazepam** 0.1 mg/kg (max 4 mg)

Dilute with equal volume 0.9% saline or WFI. Administer over 1-2mins.

**10 minutes**

Prepare phenytoin in advance

## 2<sup>nd</sup> 'Status Drug'

**Give in Ambulance or Hospital**

**IV Lorazepam** 0.1 mg/kg (max 4 mg)

Dilute with equal volume 0.9% saline or WFI. Administer over 1-2mins.

OR

Use if IV access not available

**Buccal Midazolam** 0.5 mg/kg (max 10 mg)

See green instructions box

**10 minutes**

Alert Anaesthetist. Discuss with PICU

## 3<sup>rd</sup> 'Status Drugs'

**Give in Hospital**

\*If on regular oral phenytoin give Phenobarbital instead of phenytoin

**IV or IO Phenytoin\*** 20 mg/kg (max 1000 mg) infusion

Close BP and ECG monitoring. (Not more than 1 mg/kg/min; Max rate 50 mg/min; Not exceeding concentration 10 mg/ml). Infuse over 20 min. Use in-line filter.  
E.g. If < 500 mg dilute in 50 ml 0.9% saline.  
E.g. If 500-1000 mg dilute in 100 ml 0.9% saline.

AND (NB: do not delay giving the Phenytoin)

**Rectal Paraldehyde** 0.4 ml/kg (max 12 ml)

Mix paraldehyde with an equal volume of olive oil or sunflower oil. Ready mixed solutions are also available.

\*If on regular oral phenytoin give Phenobarbital instead of phenytoin

**IV or IO Phenobarbital** 20 mg/kg (max 1000 mg) infusion

Dilute 10 times with WFI and infuse over 20 min.

**20 minutes**

Anaesthetist Rapid Sequence Induction, intubation, ventilation & then discussion with PICU for further management

## 4<sup>th</sup> 'Status Drug'

**Give in Hospital**

**IV Thiopentone** 4 mg/kg

## Buccal Midazolam

Buccolam® = 10 mg in 2 ml  
Epistatus® = 10 mg in 1 ml  
Hypnovel® = 10mg in 2ml



Administer via oral syringe between outside of teeth and inside of cheek. (For Hypnovel®, draw up using a filter straw)

## Outcome

If child stops seizing then arrange admission and further management.  
Febrile convulsion,  
Afebrile convulsion,  
Reduced conscious level  
& epilepsy guidelines may be appropriate.

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