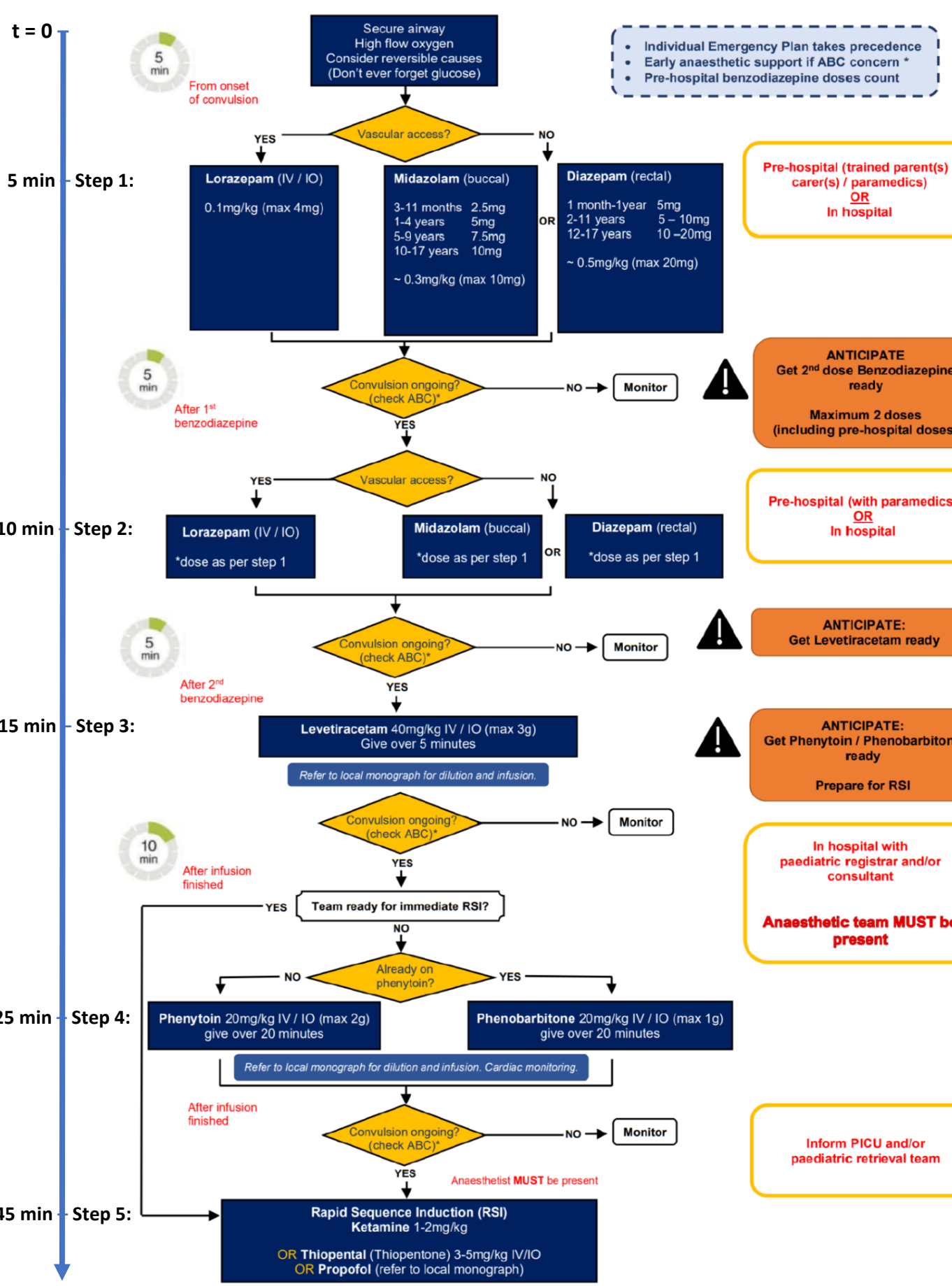



GUIDELINE POSTER. Management of Prolonged Convulsive Epileptic Seizures in Children & Young People older than 1 month. v06/09/23

Status epilepticus is an ongoing abnormally prolonged seizure(s). For generalised tonic clonic seizures this is > 5mins. It can have long-term consequences after 30 minutes including neuronal death, neuronal injury, and alteration of neuronal networks, (Trinka et al, ILAE definition; Epilepsia. 2015)





CEWT

Regional Supplement, 2023

Bloods
Blood glucose each time. First seizure bloods for U&E, Ca, Mg, FBC, LFTs, urine tox screen, blood cultures. ASM (Anti-seizure med levels each time.

Treat ?Cause
Consider parallel management of underlying cause (eg infection, reduced conscious level)

Benzodiazepine choice
If no IV or IO access, use buccal midazolam in preference to rectal diazepam where possible. Avoid more than 2 appropriate doses of benzodiazepines

Lorazepam
Dilute with equal volume 0.9% Sodium Chloride. Administer over 3-5 mins


Levetiracetam
Can be given if already on Levetiracetam. Dilute with Sodium Chloride 0.9% to a concentration of 50 mg/mL and give over 5 minutes.

Phenytoin
Close BP and ECG monitoring. Use inline 0.22-0.5 micron filter. Not more than 1mg/kg/min; Max rate 50mg/min; dilute to between 5-10mg/mL. Eg if 60-125mg, dilute to 12.5mL; if 125-250mg, dilute to 25mL; if 251mg-500mg dilute to 50mL; if 500mg-1g dilute to 100mL.

Phenobarbitone
Dilute to 20mg in 1ml with water for injection and give at a maximum rate of 1mg/kg/minute

Individual plans
May sometime include rectal paraldehyde or IV valproate

Advanced Life Support Group. Advanced Paediatric Life Support. 7th edn.



'Rescue Medication' Discharge Planning

Buccal midazolam as 'rescue medication' outside hospital should be considered in children who have had a previous prolonged convulsive seizure. This always requires formal training for the parents from either trained nursing staff or Epilepsy Specialist Nurses. Each patient will need a written care plan (usually completed at the time of training). Specific training is required for different formulations of buccal midazolam e.g. *Buccolam* or *Epistatus*. Most of the children who may be considered for rescue buccal midazolam will have already received a benzodiazepine for prolonged convulsive status. In those children, however, who are benzodiazepine naïve a test dose may be considered to manage the low risk of respiratory depression. Follow local guidelines regarding the need for test doses.

Follow up
All children prescribed rescue medication, including those with prolonged febrile convulsions, should have ongoing follow up. This includes those who become seizure free. This should reach a point where rescue medication is no longer needed and then can be formally discontinued along with discharged.