ACUTE MANAGEMENT OF SEIZURES FOR INFANTS AND CHILDREN

Establish airway and Administer oxygen
Seek senior advice and assistance if necessary.
Determine pre-hospital doses of midazolam or diazepam given within 1hr prior to presentation

Attempt intravenous access
Collect blood (as below), Check Blood Glucose Level (BGL) DON'T EVER FORGET GLUCOSE
If BGL <3 mmol/L, give 2 mL/kg 10% glucose IV (as bolus)
Then commence IV maintenance fluids, 0.9% sodium chloride with 5-10% glucose in accordance with the NSW Standards for Paediatric IV Fluids and REPEAT BGL within 5 mins

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Midazolam 0.15 mg/kg IV (max 10 mg) OR
Diazepam 0.25 mg/kg IV (max 10 mg)

Midazolam 0.3 mg/kg Buccal or Intranasal (max 10 mg) OR
Midazolam 0.15 mg/kg IM (max 10 mg)

Vascular access obtained

YES

5 minutes still fitting

NO

Vascular access obtained

5 minutes still fitting

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Repeat either:
Midazolam 0.15 mg/kg IV (max 10 mg) OR
Diazepam 0.25 mg/kg IV (max 10 mg)

Repeat either:
Midazolam 0.3 mg/kg Buccal or Intranasal (max 10 mg) OR
Midazolam 0.15 mg/kg IM (max 10 mg)

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Give either:

Phenytoin 20 mg/kg IV/Intraosseous (max 1.5g)
(if ≤50kg, give over 20 mins*, if >50kg give at a rate of 50mg/min) OR
Phenobarbitone 20 mg/kg IV/Intraosseous (max 1g)/(over 20 mins)
If already on phenytoin or phenobarbitone, halve the above loading dose of that antiepileptic drug OR
Levetiracetam 20 mg/kg IV/Intraosseous (max dose 1.5 g)/(over 15 mins) limited evidence see pg. 14.

Maintain continuous monitoring of ECG, respiratory rate, and oximetry whilst child is still fitting or unconscious.

NOTE: A child whose conscious state is not improving as expected after apparent termination of the seizure, may be in subclinical status and require further treatment

If seizures persist or reoccur following administration of 2nd line AED(s) activate Escalation as per local Clinical Emergency Response System or consult NETS 1300 36 2500

If still fitting, obtain vascular access if necessary by Intraosseous route

In children less than 2 years old if still fitting, consider pyridoxine deficient seizures for management see pg. 14, *further information see Australian Injectable Drugs Handbook