Yukon-Kuskokwim HEALTH CORPORATION

Clinical Guideline

Pediatric Seizure Treatment

If in the ER or NW, ask a nurse to get the Peds Seizure Kit.
Tell him/her to type "seizure" in the Pyxis.

Use the Pediatric Critical Care Guide and ED Peds Critical Care PowerPlan to check all medication dosing.

Pediatric patient is having a seizure.

ABCs.
Bedside glucose STAT.
Obtain IV.
Consult pediatrics.
If first seizure: BMP, magnesium, phosphate, CBC, CRP, blood culture.
Obtain brief history.

Seizure lasting ≥3 minutes.

No → Go to Pediatric Post-Seizure Evaluation guideline.

Yes

Benzodiazepine IV/IO, intranasal, or PR.

Seizure continues 5 more minutes.

Repeat benzodiazepine dose.

Seizure continues 5 more minutes.

Prepare for possible intubation.

Consult ANMC PICU at (907) 297-8809.

Age ≤ 12 months

Phenobarbital 20 mg/kg IV or IM.

Seizure continues 10 more minutes.

Phenobarbital 10 mg/kg IV or IM.

Seizure continues 10 more minutes.

Keppra 20 mg/kg IV or IM.

Seizure continues 10 more minutes.

Keppra 20 mg/kg IV or IM.

Seizure continues 10 more minutes.

Start propofol with PICU consultation.

Age >12 months

Keppra 20 mg/kg IV or IM. Max dose 2000 mg.

Seizure continues 10 more minutes.

Keppra 20 mg/kg IV or IM. Max dose 2000 mg.

Seizure continues 10 more minutes.

Fosphenytoin 20 mg/kg IV. Max dose 1500 mg.

Seizure continues 10 more minutes.

Fosphenytoin 10 mg/kg IV. Max dose 1500 mg.

Seizure continues 10 more minutes.

Phenobarbital 20 mg/kg IV or IM. Max dose 1000 mg.

Seizure continues 10 more minutes.

Phenobarbital 10 mg/kg IV or IM. Max dose 1000 mg.

Seizure continues 10 more minutes.

Start propofol with PICU consultation.

ER Management
Note: Peds Seizure Kit includes dosing.
Lorazepam 0.1 mg/kg IV/IO (max dose 4 mg) or midazolam 0.2 mg/kg intranasal (max dose 10 mg) if no IV access.

Village Management
See Emergency RMT Seizure Scenario on the wiki.
- ABCs.
- **Bedside glucose STAT.**
- If unable to get a glucose measurement, give glucose buccally.
- Get BVM with appropriate sized mask to bedside.
- Follow flow to the left, using these drugs with dosing found on Pediatric Critical Care Guide:
  - Diastat home dose PR if available or midazolam 0.2 mg/kg intranasal (max dose 10 mg) or diazepam 0.5 mg/kg (max 10 mg) IV solution given RECTALLY.
  - Phenobarbital 20 mg/kg IM (max dose 1000 mg). If giving phenobarbital, consult pediatrics, notify ER, and strongly consider activating a medevac.
- Low threshold to activate medevac for atypical or prolonged seizure.

Note: If febrile seizure with status epilepticus, consider giving phenobarbital after benzodiazepines prior to Keppra in any age group.

Indications for Admission or Transfer:
-Status epilepticus
-Cluster of seizures
-Increased intracranial pressure
-CNS infection
-Structural lesion
-Patient does not return to baseline mental status

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by MSEC 5/8/19.
If comments about this guideline, please contact Leslie_Herrmann@ykhc.org.