

Treatment of Prolonged Paediatric Seizures

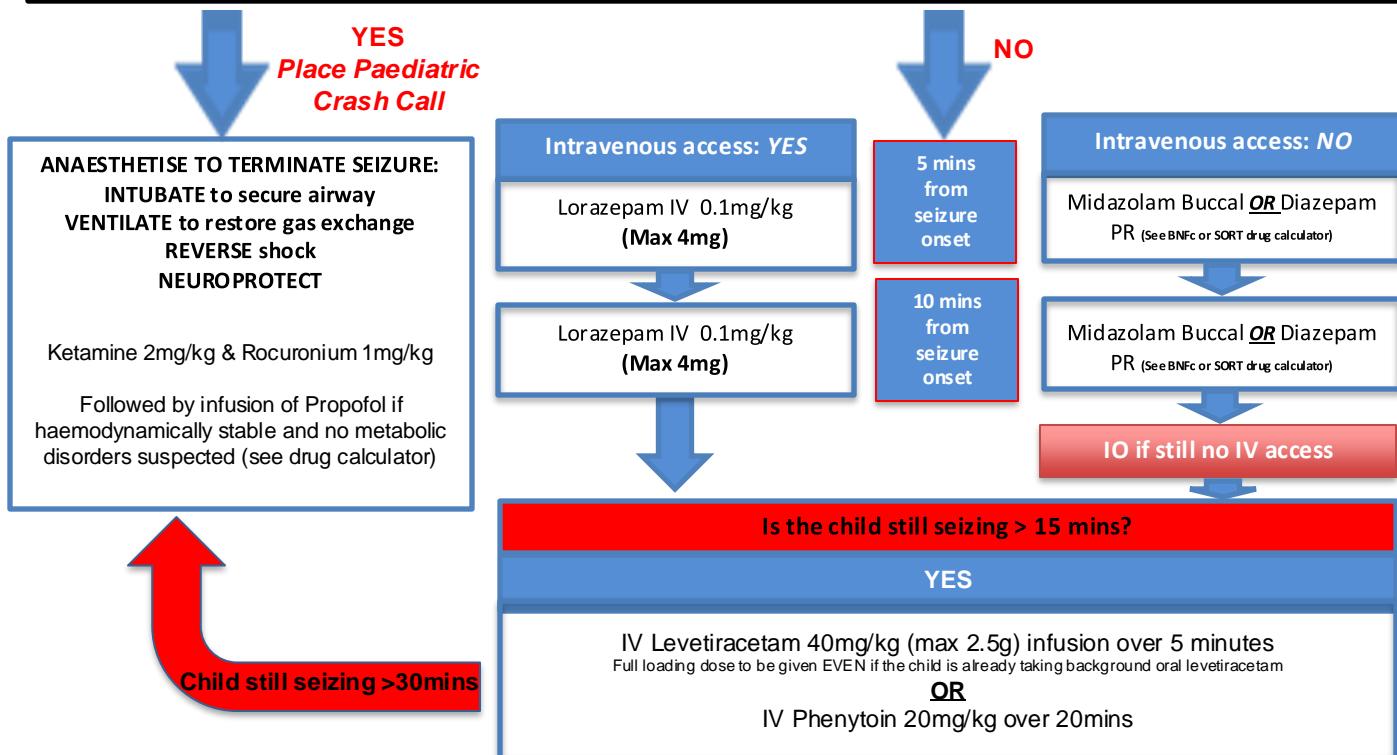
IS THERE EVIDENCE OF ANY OF THE FOLLOWING:

A: Airway obstruction requiring a jaw thrust, airway adjunct or the application of PEEP

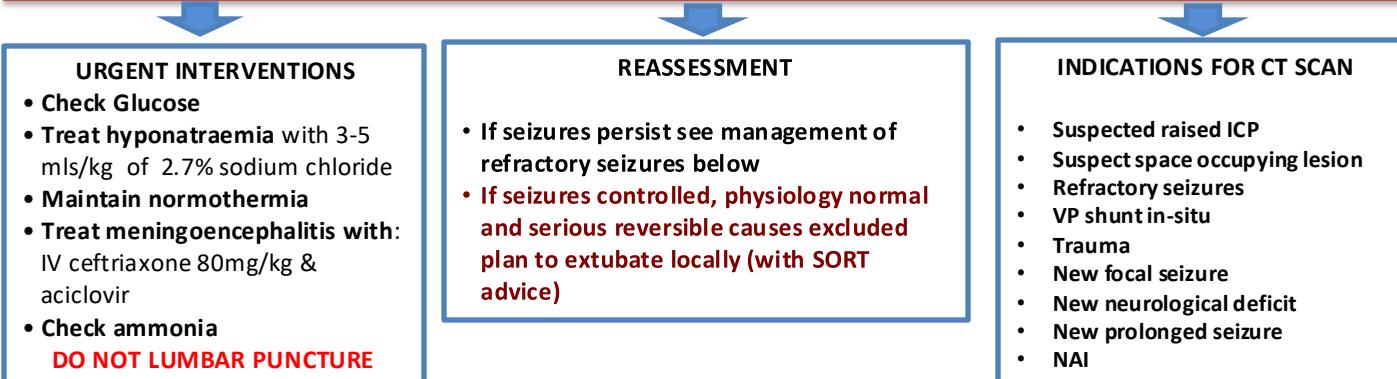
B: Respiratory failure

C: Shock

D: Signs or symptoms of raised intracranial pressure, trauma, encephalopathy or focal neurology



Call SORT (023 8077 5502)



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 Phenobarital
- Consider Thiopentone infusion after discussion with SORT consultant
 - Obtain central access as hypotension will develop & vasopressors may be required
- Find and treat cause

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

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