

Pediatric Seizure

History

- Reported or witnessed seizure
- Previous seizure history
- Medical alert tag
- Seizure medications
- History of trauma
- History of diabetes
- History of pregnancy
- Time of seizure onset
- Document number of seizures
- Alcohol use, abuse, or abrupt cessation
- Fever

Signs and Symptoms

- Altered mental status
- Sleepiness
- Incontinence
- Observed seizure activity
- Evidence of trauma
- Unconscious
- Incontinence

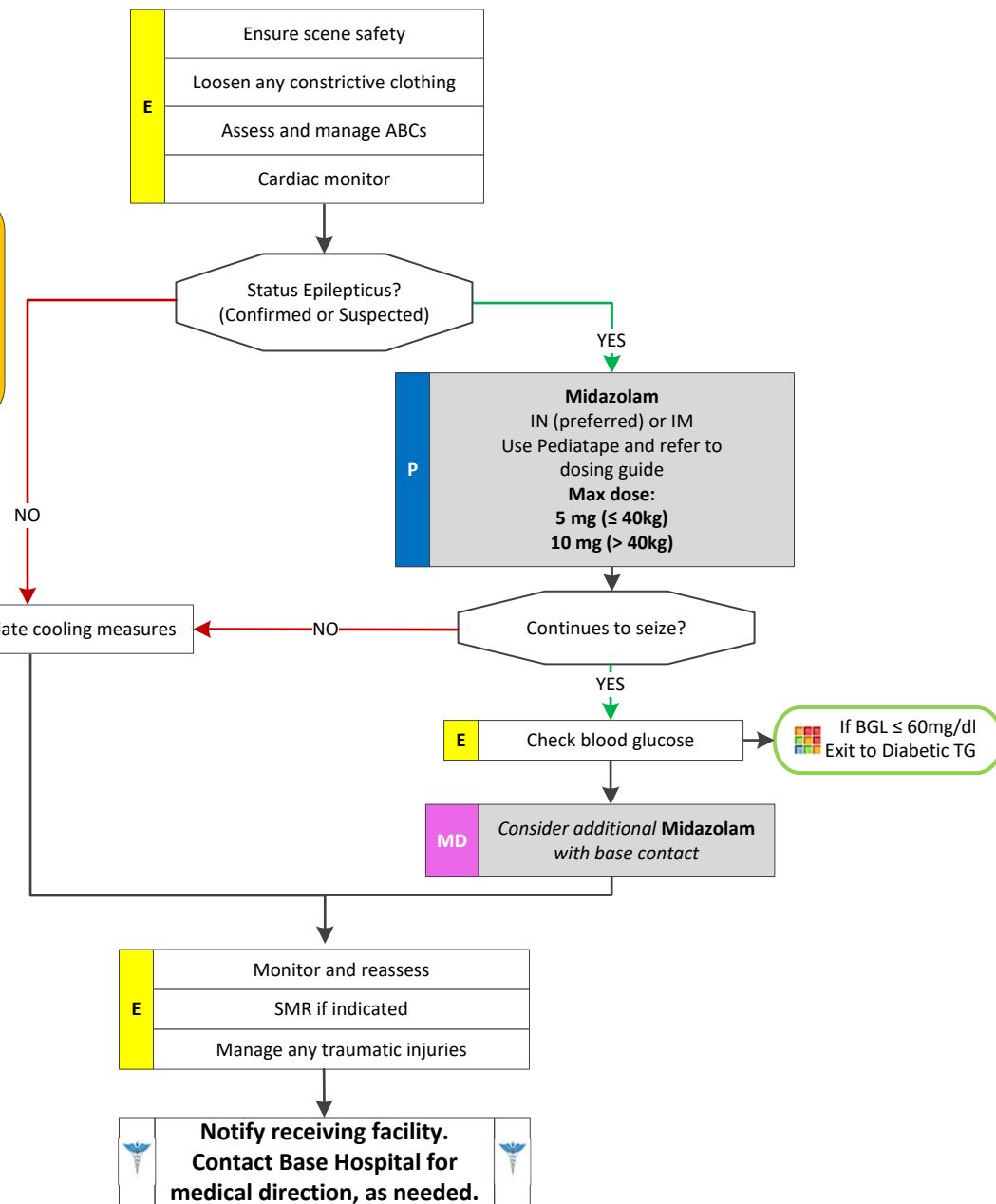
Differential

- Head trauma
- Metabolic, hepatic or renal failure
- Tumor
- Hypoxia
- Electrolyte abnormality
- Drugs or medication non-compliance
- Infection or sepsis
- Alcohol withdrawal
- Eclampsia
- Stroke
- Hyperthermia
- Hypoglycemia

Status Epilepticus

- 2 or more seizures in ≤ 5 minutes
Or
- Any seizure lasting > 5 minutes

If duration cannot be confirmed, patient should be assumed to be in status if actively seizing when you arrived.



Treatment Guideline P12

Pediatric Seizure

Pearls

- **Simple febrile seizures are most common in ages 6 months to 5 years of age. They are, by definition, generalized seizures with no seizure history in the setting of any grade of fever, with an otherwise normal neurologic and physical exam. Any seizure confirmed to last for more than five (5) minutes should be treated with medication.**
- Be prepared to assist ventilations, especially if Midazolam is used. Avoiding hypoxemia is extremely important.
- In an infant, a seizure may be the only evidence of a closed head injury.
- Status epilepticus is defined as two or more successive seizures without a period of consciousness or recovery OR seizures lasting greater than 5 minutes. This is a true emergency requiring rapid airway control, treatment and transport.
- Assess for the possibility of occult trauma and substance abuse, overdose, or ingestion/toxins.



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