

# Pediatric Seizure Pathway- ED

**Includes:** Patients ≥ 1 month corrected age with ongoing epileptic seizure

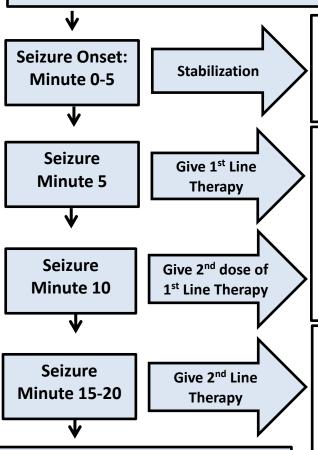
**Excludes:** Neonates < 1 month corrected age, patients with non-epileptic or suspicion for non-epileptic event (pseudo-seizure), presumed simple febrile seizure no longer ongoing

## History on Arrival:

- Determine how long patient has been seizing, seizure history
- Determine if/which medications have been given prior to arrival or en route (family or ambulance). If yes, start at appropriate point in pathway

Known epilepsy:

Ask family of seizure action plan



# Focused assessment: Airway, Breathing (start O2), Circulation (CR monitoring, BP Q5 min)

- POC Glucose: Treat if <60 mg/dL</p>
- Attempt IV access, infection history, trauma history, lab work, prepare 1<sup>st</sup> line medication

### 1<sup>st</sup> Line Therapy

#### IV Access:

Lorazepam IV 0.1 mg/kg (max 4 mg)

#### No IV Access:

Midazolam intranasal (IN) 0.2 mg/kg total (max 10 mg) using an atomizer; give 0.1 mg/kg (max 5mg) into EACH nostril. Concentration 5mg/ml

### OR

Diazepam rectal gel (PR): Ages 1-5: 0.5 mg/kg, Ages
6-11: 0.3 mg/kg, Ages 12+ 0.2 mg/kg (max 20 mg)

### 2<sup>nd</sup> Line Therapy

### IV Access:

 Levetiracetam IV 50 mg/kg (max 4500 mg) over 15 minutes

#### OR

 Fosphenytoin IV 20 mg PE/kg (max 1500 mg PE) over 15 minutes

### Seizure Continuing ≥ 30 min:

- Contact ICU level care
- Discuss with above for further medication administration
- Continue airway, breathing circulation assessments & interventions

### Admit Criteria if seizure breaks:

Not returning to baseline neurologic status, acutely recurring seizures, unstable cardiorespiratory status, underlying infection or trauma, lack of safe home or transport

### Lab work-up:

- STAT glucose (treat if <60 mg/dL)</li>
- Complete metabolic panel, iCal, Mg, Phos

### **Diagnostic considerations:**

- CT scan (focal seizure, concern for hx of trauma)
- Urine Drug Screen
- CBC
- LP (if fever, concern for meningitis)
- Antiepileptic levels (if appropriate)
- EEG if available

For pediatric hospitalist phone consultation or transfer, call Community Referral Line: 406-327-4726