



## PAEDIATRIC ACUTE CARE GUIDELINE

### Status Epilepticus

<b>Scope (Staff):</b>	All Emergency Department Clinicians
<b>Scope (Area):</b>	Emergency Department

This document should be read in conjunction with this DISCLAIMER  
<http://kidshealthwa.com/about/disclaimer/>

## Status Epilepticus

Convulsive status epilepticus is defined as a generalised tonic-clonic convulsion lasting more than 30 minutes, or repeated tonic-clonic convulsions over a 30 minute period without recovery of consciousness between each convulsion.

### Background

- Status epilepticus is the most common neurological medical emergency
- It is the first seizure in 30% of status epilepticus patients
- Mortality is 1-3%



### General

- The estimated incidence is 20 per 100 000 children per year.

### Causes of Status Epilepticus:

- Prolonged febrile convulsion
- Epilepsy
- Central nervous system infection (e.g. meningitis)
- Trauma
- Metabolic
- Poisons

## History

- Description of the manifestation of the seizures obtained from the eyewitnesses (parent, carer, etc)
- Any impairment or loss of consciousness
- Motor effects, muscular contractions
- Parts of the body that are affected
- Focal or tonic/clonic seizure
- Length of seizure
- Multiple clusters of seizure activity

## Examination

- Full systems examination including neurological examination
- Examine for underlying causes that can precipitate seizures

## Investigations

- Always do a blood glucose level (BGL)
- Venous blood gas
- Consider other investigations according to the possible underlying aetiology e.g. infectious screen, anti-epileptic drug levels

## Management

- Assess ABC first
- The approach to a child who presents with a tonic-clonic convulsion **> 5 minutes** should be the same as for the child with established status epilepticus
- This guideline addresses the treatment of status epilepticus and **not** the underlying cause – once the seizure has been terminated, investigate as required

## Initial management

- ABC
- Airway adjuncts – consider an oropharyngeal or nasopharyngeal airway as required
- High flow oxygen
- Vascular access (and check BGL)

## Medications

See [Seizure – Medication](#)

## Nursing

- Follow the Status Epilepticus Flowchart and prepare drugs as required
- Any child having a prolonged seizure should be nursed in resuscitation room if possible
- Prepare to insert 2 x intravenous cannulae or intraosseous needles
- Check BGL and inform doctor

## Observations

### Baseline Observations:

- Temperature
- Heart Rate
- Respiratory Rate
- Blood Pressure
- GCS
- Pupil reaction

### During A Phenytoin Infusion:




- 5 minutely BP, HR, respiratory rate, during infusion and flush for 30 minutes post-flush
- Advise doctor immediately if any change in patients condition
- Infusion may need to be slowed or stopped in case of hypotension, impaired respiratory effort or bradycardia

### Post Ictal Stage:

- Observe closely for further seizure activity
- 1/2 hourly neurological observations until GCS 15

This document can be made available in alternative formats on request for a person with a disability.

File Path:			
Document Owner:	Dr Meredith Borland HoD, PMH Emergency Department		
Reviewer / Team:	Kids Health WA Guidelines Team		
Date First Issued:	9 January, 2014	Version:	
Last Reviewed:	9 October, 2017	Review Date:	9 October, 2020
Approved by:	Dr Meredith Borland	Date:	9 October, 2017

Endorsed by:	Medical Advisory Committee	Date:	9 October, 2017
Standards Applicable:	NSQHS Standards:   		
<b>Printed or personally saved electronic copies of this document are considered uncontrolled</b>			