

SEIZURE

- a. If seizure <10min: assess ABC's, pulse ox, CR monitor, always administer 100% O₂.
- b. If seizure persist, obtain IV access, blood pressure and blood sugar.
- c. Blood gas: Rarely helpful during seizure, will typically show metabolic acidosis, occasionally moderate hypercarbia that usually does not require treatment.
- d. Indications for intubation: Hypoxia despite O₂, severe hypercarbia (usually after medication has been given), apnea.
- e. If seizure >10 to 15 minutes or unsure of duration, administer medication to halt seizure as follows: (recommend to avoid Valium as higher rate of respiratory depression.)

IV access available:

- **Lorazepam** (Ativan) 0.1mg/kg IV push. Repeat dose 1 to 2 times if ineffective in 5 minutes.
- **Fosphenytoin** 20mg/kg of "phenytoin equivalents" (give up to 150mg/min) (use in children not fully studied). If no Fosphenytoin available, use Dilantin/ Phenytoin (no more than 25-50 mg/min) and avoid infiltration.
- **Phenobarbital** 20mg/kg IV slow push over 1 minute, give 10mg/kg if ineffective in 5 minutes.
- **Midazolam** (Versed): In persistent cases (i.e. 15minutes past and the above meds given and not working), may give Versed 0.1mg/kg Q2-3min until seizure stop.

NO IV Access

- **Midazolam** (Versed) 0.2mg/kg IM
- **Lorazepam** (Ativan) 0.1-0.2mg/kg IM. May consider 0.1-0.3 mg/kg rectally using TB syringe.
- **Diazepam** (Valium) 0.1-0.2 mg/kg rectally using TB syringe