

Convulsions (Children)

Table 3.80 – ASSESSMENT and MANAGEMENT

Convulsions	
ASSESSMENT Assess ABCD	MANAGEMENT Treat problems as they are found. <ul style="list-style-type: none"> ● The airway must be cleared. <ul style="list-style-type: none"> – Oropharyngeal or nasopharyngeal airways may be helpful. ● Administer high levels of supplemental oxygen – refer to oxygen guideline. ● Check blood glucose level and manage if low – refer to hypoglycaemia emergencies in children guideline. ● Monitor vital signs. ● Manage the convulsion (see below).
Medication	Administer anticonvulsants – first choice anticonvulsants are usually given buccally or rectally: <ol style="list-style-type: none"> the fit lasts ≥ 5 minutes or the child fails to fully regain consciousness between fits. Ask whether the child: <ul style="list-style-type: none"> ● Has their own supply of medication: <ul style="list-style-type: none"> – if the child has their own buccal midazolam this should be used – ask whether they have already received a dose. ● Has already received an anticonvulsant (either rectal diazepam or carer administered buccal midazolam). If the convulsion is continuing 10 minutes after this first anticonvulsant, one dose of an intravenous or intra-osseous anticonvulsant may be given e.g. diazepam IV/IO (refer to diazepam guideline)*. ● Has their own supply of anticonvulsant medication – if not, and they have not yet received an anticonvulsant, give rectal diazepam (refer to diazepam guideline)*. ● Has a convulsion that persists 10 minutes after the administration of the first anticonvulsant (buccal midazolam or rectal diazepam). If so, a second anticonvulsant can be given but this must be given intravenously or intra-osseously e.g. diazepam IV/IO (refer to diazepam guideline)*. ● If it is not possible to gain vascular access for the second dose of medication, no further drug treatment should be used, even if this means that the child continues to fit i.e. do not give a second dose of buccal or rectal medication. <p>*Be ready to support ventilation as respiratory depression may occur.</p>
Other care	<ul style="list-style-type: none"> ● Record the child's temperature. ● If transporting to hospital, ongoing assessments of ABCDs and continuous ECG and oxygen saturation monitoring should be undertaken, continuing oxygen therapy as needed. ● If meningococcal septicaemia is diagnosed, treat with benzylpenicillin en-route to hospital (refer to benzylpenicillin guideline). ● Paracetamol may be given for fever (refer to paracetamol guideline). ● A febrile child should wear light clothing only.
Transfer to further care	The following should all be transported to hospital: <ul style="list-style-type: none"> ● Any child who is still convulsing or in status epilepticus must be transferred to further care as soon as possible – undertake a TIME CRITICAL transfer, provide an alert/information call. ● Any child with suspected meningococcal septicaemia or meningitis – undertake a TIME CRITICAL transfer, provide an alert/information call. ● All first febrile convulsions even if the child has recovered. ● All children with seizures who have required more than one dose of anticonvulsant. ● Any child younger than 1 year old who has had a seizure (even if totally recovered). ● Any child who has not fully recovered from their seizure. The following children may not require transport to hospital: <ul style="list-style-type: none"> ● Children who have a febrile convulsion: <ul style="list-style-type: none"> – which is not their first and – where the carer is happy for the child not to be transported and – who have completely recovered may be left at home, providing that urgent review by the general practitioner (GP) or out of hours (OOH) GP is arranged to establish the cause of the fever. If this cannot be arranged by the attending crew, the child must be transported to hospital. ● Children who have recovered from a convulsion and who are known to have epilepsy and have not required more than one dose of medication need not be transported if they are otherwise well.
Follow-up	The GP or OOH service (depending on time of day) must be informed of any child left at home following a convulsion.