

Criteria		Nursing Considerations
<p>Inclusion</p> <ul style="list-style-type: none"> Child >8 weeks old First recognized seizure-general or partial 	<p>Exclusion</p> <ul style="list-style-type: none"> Child ≤ 8 weeks old Patient presenting with absence seizure or febrile seizure 	<ul style="list-style-type: none"> Position to maintain airway Oxygen and suction set up at bedside; place patient on oxygen as needed to keep sats >93% Monitor: cardiac monitor, pulse ox & obtain full set VS Establish IV access if actively seizing

For active Seizure use Rescue Medications in the Status Epilepticus Guideline

Non-Active/Post Seizure Management	Labs	Imaging
<ul style="list-style-type: none"> Seizure precautions-Policy 12.05 If seizure activity recurs, proceed to Rescue Medications Monitor until patient returns to baseline mental status Labs and diagnostic evaluation (if indicated) Consider antiepileptic therapy if risk factors. (consult neurology¹) Assess for discharge criteria 	<p><i>After 6 months of age in previously healthy children who have returned to baseline, yield of laboratory screening with new onset unprovoked seizure is very low.</i></p> <p>However, if clinically indicated, consider the following:</p> <ul style="list-style-type: none"> CBC, CMP POC CG8; toxicology screen Lumbar Puncture if patient has signs/symptoms of meningitis or encephalopathy 	<p>MRI is preferred modality and may often be done as outpatient; Emergent MRI usually does not change the treatment plan for NOS.</p> <p>CT scan is not routinely necessary if patient has:</p> <ul style="list-style-type: none"> No underlying conditions suggesting concern for intracranial pathology; AND Returned to baseline mental status; AND, Non focal physical exam <p>Considerations for Emergent CT without contrast</p> <ul style="list-style-type: none"> Abnormal neuro exam Closed head injury Non-accidental trauma <3 years old with focal onset of seizure Underlying condition concern for intracranial pathology <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <ul style="list-style-type: none"> <6 months old Malignancy Neurocutaneous disorder VP shunt present² </div>

Discharge Criteria	Admission Considerations	
<ul style="list-style-type: none"> Returned to baseline mental status Results of diagnostic tests (if obtained) do not require ongoing intervention Consider parent/caregiver anxiety and ability to understand education 	<p>CONSIDER OBS/GENERAL CARE</p> <ul style="list-style-type: none"> <6 months old If CT negative and no other indicators for admission present it may not be necessary to admit this age group Administration of 2nd line anti-epileptic for seizure control Sedated from medications Not at baseline or prolonged postictal phase Multiple seizures Diagnostic test results indicate intervention/observation needed 	<p>CONSIDER PICU</p> <ul style="list-style-type: none"> Admission criteria met Patient does not return to baseline between seizure activity Frequency of seizure and pervasive seizure activity <p>PICU ADMISSION</p> <ul style="list-style-type: none"> Respiratory depression and/or concern for airway Refractory status epilepticus

Discharge Orders	<ul style="list-style-type: none"> Patient to follow up with PCP 24-48 hrs Place Fast Access Neurology (FAN) clinic referral: 404-785-KIDS (5437) Prescribe rectal diazepam/Diastat or IN Midazolam (see below for dosing) <u>and</u> education <p><u>Diastat Dosing:</u></p> <ul style="list-style-type: none"> ≤5 years and ≥5kg: 0.5mg/kg ≥12 years: 0.2mg/kg 6-11 years: 0.3mg/kg Max Dose: 20mg 	<p><u>IN Midazolam (nayzilam) Dosing:</u></p> <ul style="list-style-type: none"> > 12 years 5mg for seizure lasting > 5 min May repeat 5mg x1 if seizure persists 	<p>Provide Seizure Education</p> <ul style="list-style-type: none"> NOS Seizure Rectal diazepam/diastat &/or IN Midazolam (nayzilam)
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Special Considerations	¹ Consult Neurology	² VP Shunt Considerations
<ul style="list-style-type: none"> If considering antiepileptic therapy or if seizure is associated with a risk factor: <ul style="list-style-type: none"> Remote symptomatic seizures Family history of seizure disorder Predisposing condition such as autism; cerebral palsy; moderate to severe developmental delay Consideration for admission Status epilepticus requiring multiple medications Abnormal exam Abnormal imaging 	<ul style="list-style-type: none"> Order an Emergent CT scan when a VP shunt is present <i>with</i> other signs concerning for shunt infection or malfunction are present Please note, a brief generalized seizure, in isolation, is not highly suggestive of a shunt malfunction 	