



**Use the [Pediatric Critical Care Guide](#) and [ED Peds Critical Care PowerPlan](#) to check all medication dosing.**

- ABCs. Ensure BVM at bedside and pediatric code cart within reach.
- **Bedside glucose STAT.**
- Obtain IV.
- Consult pediatrics.
- Obtain brief history.
- Prepare first-line medication. If in the ED or NW, get the Peds Seizure Kit (see box).

Village Management

[See Emergency RMT Seizure Scenario on the wiki.](#)

- ABCs.
- **Bedside glucose STAT.**
- If unable to get a glucose measurement, give glucose buccally.
- Get BVM with appropriate sized mask to bedside.
- Follow flow to the left, using these drugs with dosing found on Pediatric Critical Care Guide:
  - Diastat home dose PR if available or midazolam 0.2 mg/kg intranasal (max dose 10 mg) or diazepam 0.5 mg/kg (max 10 mg) IV solution given RECTALLY.
  - Phenobarbital or fosphenytoin (kept refrigerated) IM. If giving either second-line drug, consult pediatrics and strongly consider activating a medevac.
- Consider placing IV and giving NS bolus 20 mL/kg.
- Low threshold to activate medevac for atypical or prolonged seizure.

Go to [Pediatric Post-Seizure Evaluation](#) guideline.

Seizure lasting  $\geq 3$  minutes  
OR  
More than one seizure in 24 hours without return to baseline.

- Benzodiazepine (choose ONE)
- Midazolam 0.2 mg/kg IN/IM (max dose 10 mg) – single dose only.
  - Lorazepam 0.1 mg/kg IV/IO (max dose 4 mg) – up to two doses Q5 minutes.
  - Diastat home dose – up to two doses Q5 minutes.

Seizure continues 5 more minutes.

Age  $\leq 2$  months

**Consult ANMC PICU at (907) 297-8809.**

Age  $>2$  months

Phenobarbital 20 mg/kg IV/IM.  
If IV, give over 15 minutes or 1 mg/kg/minute (max 60 mg/min).

Levetiracetam 60 mg/kg IV/IM.  
Max dose 4500 mg.  
If IV, give over 10 minutes.

Seizure continues 5 minutes after infusion complete.

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Phenobarbital 10 mg/kg IV/IM.  
If IV, give over 15 minutes or 1 mg/kg/minute (max 60 mg/min).

Fosphenytoin 20 mg PE/kg IV.  
Max dose 1000 mg.  
Give over 10 minutes.

Seizure continues 5 minutes after infusion complete.

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Levetiracetam 40 mg/kg IV/IM.  
If IV, give over 10 minutes.

Fosphenytoin 10 mg PE/kg IV.  
Max dose 1000 mg.  
Give over 5-10 minutes.

Seizure continues 5 minutes after infusion complete.

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Levetiracetam 20 mg/kg IV/IM.  
If IV, give over 10 minutes.

Phenobarbital 20 mg/kg IV or IM.  
Max dose 1000 mg.  
If IV, give over 15 minutes.

Seizure continues 5 minutes after infusion complete.

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Start midazolam or propofol infusion with PICU consultation.

Phenobarbital 10 mg/kg IV or IM.  
Max dose 1000 mg.  
If IV, give over 15 minutes.

Seizure continues 5 minutes after infusion complete.

Start midazolam or propofol infusion with PICU consultation.

Peds Seizure Kit

- In the ED and Peds NW Pyxis.
- Type "seizure" and override.
- Includes:
  - Midazolam 10 mg/2 mL
  - Levetiracetam
  - Phenobarbital 130 mg/mL
  - Dosing cards from the pediatric critical care guide

In all ages, if hemodynamic instability or myocardial dysfunction, avoid phenobarbital and use alternate agents.

In all ages, in consultation with the PICU, consider preparing for intubation and continuous infusion after second-line drug has been given. Continue giving medications as detailed in the flow while infusion is being prepared.

If giving midazolam, make drip of 1 mg/mL and start at rate 0.1 mg/kg/hour.

- Indications for Admission or Transfer:
- Status epilepticus
  - Cluster of seizures
  - Increased intracranial pressure
  - CNS infection
  - Structural lesion
  - Patient does not return to baseline mental status

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner. Approved by MSEC 8/3/21. Click [here](#) to see the supplemental resources for this guideline. If comments about this guideline, please contact [Jennifer\\_Hampton@ykhc.org](mailto:Jennifer_Hampton@ykhc.org).