**Criteria**

**Inclusion**
- Child >8 weeks old
- First recognized seizure-general or partial

**Exclusion**
- Child ≤ 8 weeks old
- Patient presenting with absence seizure or febrile seizure

**Nursing Considerations**
- Position to maintain airway
- Oxygen and suction set up at bedside; place patient on oxygen as needed to keep sats >93% (non-rebreather)
- Monitor: cardiac monitor, pulse ox & obtain full set VS
- Establish IV access if actively seizing

**Rescue Medications**

<table>
<thead>
<tr>
<th>Active Seizure</th>
<th>CONSIDER OBS/GENERAL CARE</th>
<th>CONSIDER PICU</th>
</tr>
</thead>
</table>
| Follow Status Epilepticus Clinical Practice Guideline for rescue medication. Click here for the algorithm. | - <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 fosphenytoin (i.e. per guideline, patient has received 3 doses of medication)
Sedated from medications
Not at baseline or prolonged postictal phase
Multiple seizures
Diagnostic test results indicate intervention/observation needed | - Admission criteria met
- Patient does not return to baseline between seizure activity
- Frequency of seizure and pervasive seizure activity |

**Diagnositics**

<table>
<thead>
<tr>
<th>Cardiac Monitoring</th>
<th>Imaging*</th>
<th>Labs</th>
</tr>
</thead>
</table>
| Obtaining EKG is recommended when: Cardiac etiology suspected as cause of seizure; Exercise induced seizure; and/or Family history of sudden cardiac death ≤50 years old | - Abnormal neuro exam
- Closed head injury
- Non-accidental trauma
- <3 years old with focal onset of seizure
- Underlying condition concern for intracranial pathology | - CBC, CMP
- Neurocutaneous disorder
- Lumbar Puncture If patient has signs/symptoms of meningitis or encephalopathy |

**Considerations for Emergent CT without contrast**

- CT scan is not routinely necessary if patient has:
  - No underlying conditions suggesting concern for intracranial pathology; AND
  - Returned to baseline mental status; AND,
  - Non focal physical exam

**Discharge Considerations**

<table>
<thead>
<tr>
<th>Discharge Home Orders</th>
<th>Discharge Criteria</th>
</tr>
</thead>
</table>
| - Patient to follow up with PCP
- Patient is eligible to follow up at NOS clinic: 404-785-KIDS (5437)
- Eligible since seen in ED and if patient does not have a PCP or it has been over 12 months since seen
- Optimal to have EEG within 3 days, if possible
- EEG and clinic visit can be scheduled by NOS clinic during initial call
- Consider or Prescribe rectal diazepam/Diastat and education
  - ≤5 years and ≤5kg: 0.5mg/kg
  - ≥12 years: 0.2mg/kg
  - Provide Seizure Education
| - Patient to follow up with PCP
- Patient is eligible to follow up at NOS clinic: 404-785-KIDS (5437)
- Eligible since seen in ED and if patient does not have a PCP or it has been over 12 months since seen
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- Consider or Prescribe rectal diazepam/Diastat and education
  - ≤5 years and ≤5kg: 0.5mg/kg
  - ≥12 years: 0.2mg/kg
  - Provide Seizure Education |

**Special Considerations**

- If considering antiepileptic therapy and associated with a risk factor:
  - 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

**Consult Neurology**

- Videos on Demand: Seizure First-Aid Diastat Teaching
  (If prescribed at discharge)
- Teaching Sheets
  NOS Seizure
  Rectal diazepam/diastat

**Seizure Education**

- Order an Emergent CT scan when a VP shunt is present with 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

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Developed through the efforts of Children’s Healthcare of Atlanta and physicians on Children’s Medical Staff in the interest of advancing pediatric healthcare. This is a general guideline and does not represent a professional care standard governing providers’ obligation to patients. Ultimately the patient’s physician must determine the most appropriate care.

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