

Pediatric Status Epilepticus Red Flags

Assessment:

- Check bedside glucose if patient unresponsive
- Recognize subtle seizure activity: changes in tone, subtle tonic-clonic movements, tachycardia and/or hypertension
- Consider possible NCSE* if the child is no longer seizing but remains unresponsive
- Reassess frequently for respiratory compromise with end-tidal CO₂ monitoring; normal SpO₂ does not ensure adequate ventilation
- Consider other etiologies if bradycardia, poor perfusion and/or hypotension present; consult Pediatric Referral Site
- Decorticate or decerebrate posturing **IS NOT** seizure activity

*NCSE: *Non-convulsive status epilepticus*

Management:

- If glucose is less than 3 mmol/L give D10W 5 mL/kg IV push; recheck glucose in 5 minutes
- Prepare Second Line Agent when giving 2nd dose of First Line Agent
- Prepare for airway management: bag-valve mask and/or definitive airway

Pediatric Status Epilepticus Diagnostic Considerations

Febrile:

- CNS infection
 - Encephalitis
 - Meningitis
 - Intracranial abscess
- Complex febrile seizure

Afebrile:

- Known epilepsy
- Sub-therapeutic level(s) of anticonvulsant drug
- Brain malformation
- Metabolic (hypoglycemia, hyponatremia, hypocalcemia)
- Toxic ingestion
- Head injury
- Brain tumor
- Inflammatory brain disease
- Child maltreatment