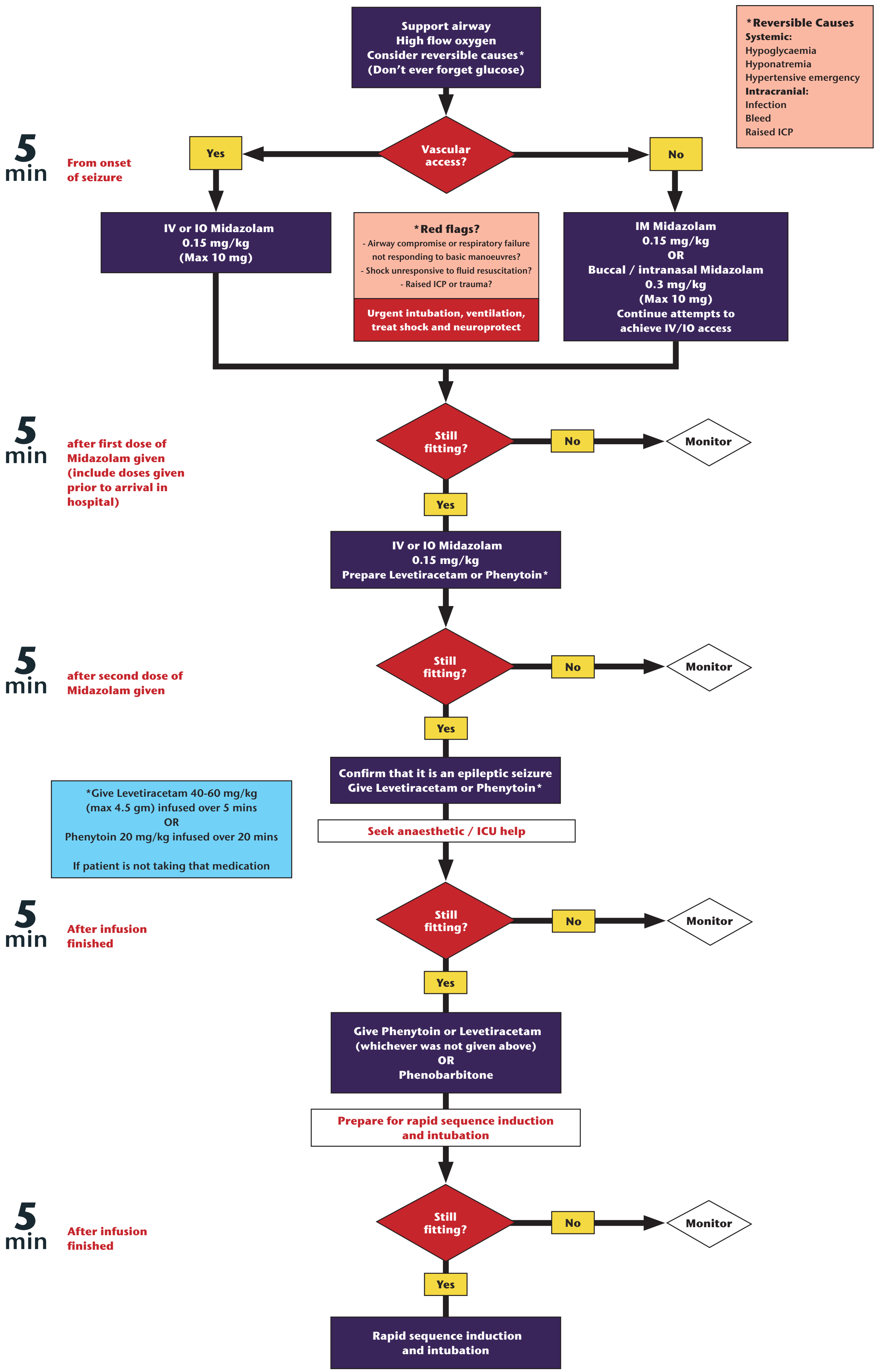
Support airway
High flow oxygen
Consider reversible causes*
(Don't ever forget glucose)
*Reversible Causes
Systemic:
Hypoglycaemia
Hyponatremia
Hypertensive emergency
Intracranial:
Infection
Bleed
Raised ICP
5 min
From onset of seizure
Vascular access?
Yes
No
IV or IO Midazolam
0.15 mg/kg
(Max 10 mg)
*Red flags?
- Airway compromise or respiratory failure not responding to basic manoeuvres?
- Shock unresponsive to fluid resuscitation?
- Raised ICP or trauma?
Urgent intubation, ventilation, treat shock and neuroprotect
IM Midazolam
0.15 mg/kg
OR
Buccal / intranasal Midazolam
0.3 mg/kg
(Max 10 mg)
Continue attempts to achieve IV/IO access
5 min
after first dose of Midazolam given (include doses given prior to arrival in hospital)
Still fitting?
No
Monitor
Yes
IV or IO Midazolam
0.15 mg/kg
Prepare Levetiracetam or Phenytoin*
5 min
after second dose of Midazolam given
Still fitting?
No
Monitor
Yes
Confirm that it is an epileptic seizure
Give Levetiracetam or Phenytoin*
Seek anaesthetic / ICU help
*Give Levetiracetam 40-60 mg/kg
(max 4.5 gm) infused over 5 mins
OR
Phenytoin 20 mg/kg infused over 20 mins
If patient is not taking that medication
5 min
After infusion finished
Still fitting?
No
Monitor
Yes
Give Phenytoin or Levetiracetam
(whichever was not given above)
OR
Phenobarbitone
Prepare for rapid sequence induction and intubation
5 min
After infusion finished
Still fitting?
No
Monitor
Yes
Rapid sequence induction and intubation