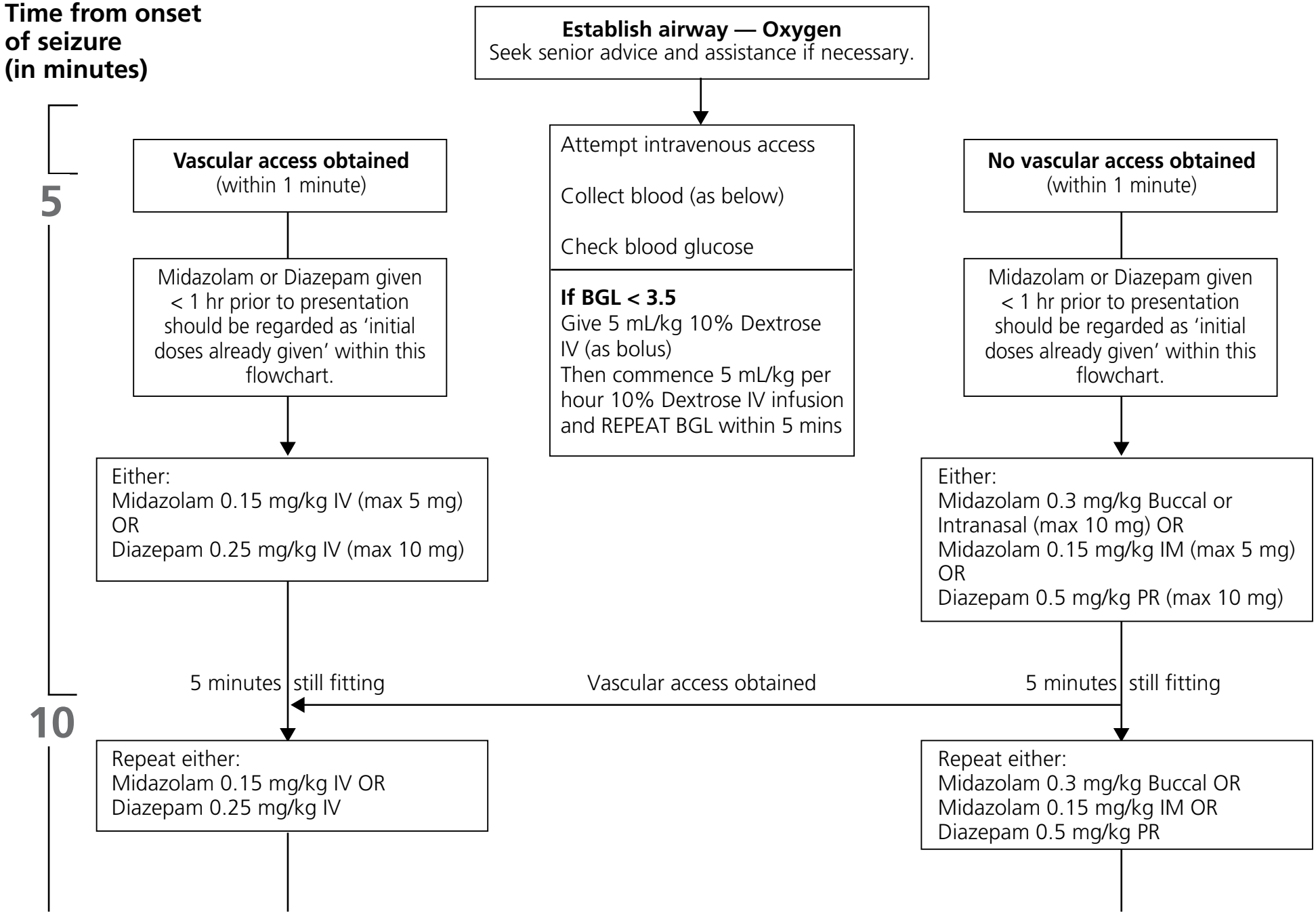
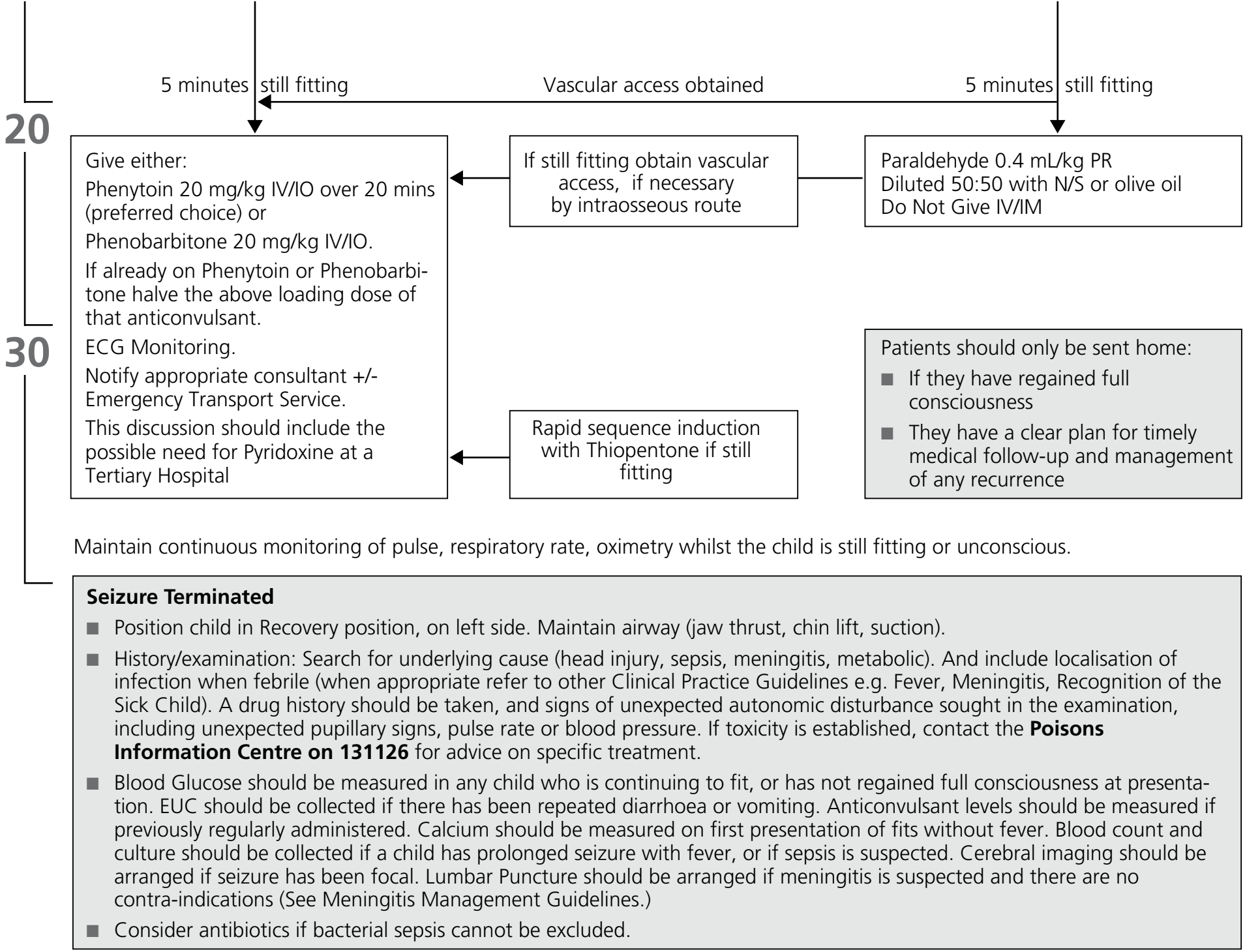
ASSESSMENT AND INITIAL MANAGEMENT





Maintain continuous monitoring of pulse, respiratory rate, oximetry whilst the child is still fitting or unconscious.

Seizure Terminated

- Position child in Recovery position, on left side. Maintain airway (jaw thrust, chin lift, suction).
- History/examination: Search for underlying cause (head injury, sepsis, meningitis, metabolic). And include localisation of infection when febrile (when appropriate refer to other Clinical Practice Guidelines e.g. Fever, Meningitis, Recognition of the Sick Child). A drug history should be taken, and signs of unexpected autonomic disturbance sought in the examination, including unexpected pupillary signs, pulse rate or blood pressure. If toxicity is established, contact the **Poisons Information Centre on 131126** for advice on specific treatment.
- Blood Glucose should be measured in any child who is continuing to fit, or has not regained full consciousness at presentation. EUC should be collected if there has been repeated diarrhoea or vomiting. Anticonvulsant levels should be measured if previously regularly administered. Calcium should be measured on first presentation of fits without fever. Blood count and culture should be collected if a child has prolonged seizure with fever, or if sepsis is suspected. Cerebral imaging should be arranged if seizure has been focal. Lumbar Puncture should be arranged if meningitis is suspected and there are no contra-indications (See Meningitis Management Guidelines.)
- Consider antibiotics if bacterial sepsis cannot be excluded.