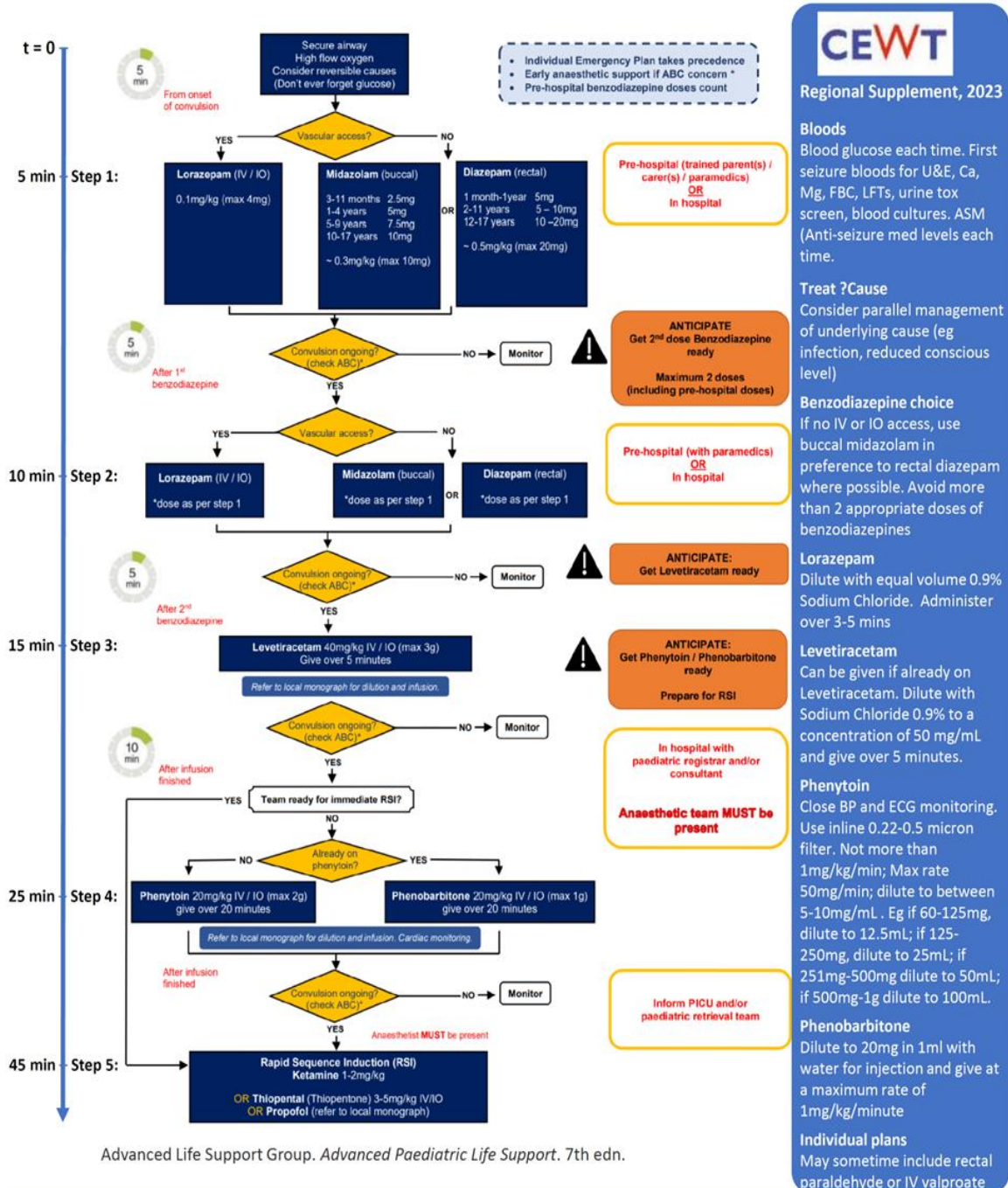


Management of prolonged convulsive epileptic seizures in Children and Young People - Summary Clinical Guideline Derby & Burton

CH CL G45

GUIDELINE POSTER. Management of Prolonged Convulsive Epileptic Seizures in Children & Young People older than 1 month. v06/09/03

Status epilepticus is an ongoing abnormally prolonged seizure(s). For generalised tonic clonic seizures this is > 5mins. It can have long-term consequences after 30 minutes including neuronal death, neuronal injury, and alteration of neuronal networks, (Trinka et al, ILAE definition; Epilepsia. 2015)



CEWT 'Rescue Medication' Discharge Planning

Buccal midazolam as 'rescue medication' outside hospital should be considered in children who have had a previous prolonged convulsive seizure. This always requires formal training for the parents from either trained nursing staff or Epilepsy Specialist Nurses. Each patient will need a written care plan (usually completed at the time of training). Specific training is required for different formulations of buccal midazolam e.g. *Buccolam* or *Epistatus*. Most of the children who may be considered for rescue buccal midazolam will have already received a benzodiazepine for prolonged convulsive status. In those children, however, who are benzodiazepine naive a test dose may be considered to manage the low risk of respiratory depression. Follow local guidelines regarding the need for test doses.

Follow up
All children prescribed rescue medication, including those with prolonged febrile convulsions, should have ongoing follow up. This includes those who become seizure free. This should reach a point where rescue medication is no longer needed and then can be formally discontinued along with discharged.