Children's Seizure Pathway

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Obtain blood glucose level at time of seizure or as soon after as possible. In the hospital setting an ECG should be performed for convulsive non-febrile seizures.

Box 1 Criteria for referral/admission

- Prolonged seizure
- Recurrent seizure on same day
- No focus of infection on examination for febrile seizures
- Evidence of intracranial pressure (blurred vision, bulging fontanelle in infant, persistent headache associated with vomiting).
- Focal neurological signs (one sided weakness, squint or paraesthesia)
- Drowsy or GCS<15 1 hour post seizure
- Signs of sepsis/meningitis (see fever pathway)
- Age < 18 months for febrile seizure
- Age<2 years for non-febrile seizure
- Consider parental anxiety / social circumstances.
- Seizure after a head injury (refer to head injury pathway)
- Focal seizures
- NICE guidelines advise that immediate referral and investigations are not required for a child over 2 years of age that has had a non febrile generalised tonic/clonic seizure and made a full recovery
- Second non-febrile seizure with full recovery refer to paediatric outpatients

Box 2

Rescue Medication (as per Emergency Plan or Status Pathway)

Buccal Midazolam 1-6 months- 300 micrograms/kg (max 2.5mg) 6 months to 1 year- 2.5mg 1-5 years- 5mg 5-10 years- 7.5mg 10-18 years- 10mg

Rectal Diazepam

1-12 months- 2.5mg 1-5 years- 5mg 5-10 years- 10mg 10-15 years- 15mg Over 15 years- 20mg

Rectal Paraldehyde Dosage as per Emergency Plan

Second dose of midazolam or diazepam can be given if child continues to seizure 10 minutes after first dose but in presence of paramedics.

This guidance is written in the following context

This assessment tool was arrived at after careful consideration of the evidence available including but not exclusively NICE Guidelines, EPEN and NHS evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.