



**NOTES:**

- IV Attempts should be limited to 3 tries or 90 seconds. Intraosseous should be inserted if IV attempts fail
- IM dosing of fosphenytoin may not be practical due to large dose volume, requiring multiple IM injection sites
- Rectal Paraldehyde: If available, can be administered prior to Phenytoin or Phenobarbital 0.3 to 0.5 ml/kg in same volume of mineral oil to a maximum of 10 ml

**NOTES:**

- Rapid Sequence Intubation:**
- Atropine: 0.02 mg/kg (maximum 0.6 mg) (optional)
  - Ketamine: 2mg/kg
  - Succinylcholine: 2mg/kg (maximum 150 mg) OR Rocuronium 1mg/kg (maximum 100mg)
- Further Management After Cessation of Seizure:**
- Obtain further history  
Recent trauma, infection, ingestion, drug history, seizure history
  - Further investigations: (as indicated by clinical presentation and history if not done on initial presentation):  
Blood culture  
Blood gas  
Clotting studies, liver enzymes
  - Lumbar puncture (should be deferred until cessation of clinical seizure)  
Imaging (CT head)
  - In selected patients:  
Plasma: ammonia, lactate, amino acids  
Urine: organic acids, toxicology
  - Initiate appropriate therapy as indicated:  
Empiric anti-meningitic doses of IV antibiotics and Acyclovir (in febrile patient without identified etiology)
  - Appropriate maintenance antiepileptic medications
  - Admit to appropriate ward or ICU