

Indian Academy of Pediatrics (IAP)



GUIDELINES FOR PARENTS

Acute Episodes of Seizures: What to Do?

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10 FAQs on ACUTE EPISODES OF SEIZURES: WHAT TO DO?

1. Can my child have seizures when on antiepileptic medication?
2. What to do when my child has seizures?
3. What I should not do when my child is having seizures?
4. What should I do if seizure stops on its own?
5. If the seizure does not stop in 3–5 minutes, then what should we do?
6. Which emergency drugs are available?
7. How do I administer intranasal midazolam, if needed?
8. What precautions are to be taken?
9. What is the dose of diazepam suppository?
10. When should I ask for medical help or contact local doctor/hospital?

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Acute Episodes of Seizures: What to Do?

Q1

Can my child have seizures when on antiepileptic medication?

If the child is unwell, or misses the antiseizure medications, is sleep deprived or have emotional stress, they can have breakthrough seizures. Girls can also have syncopal episodes and may have high incidence of seizures during menstrual cycles.

Q2

What to do when my child has seizures?

- Assess the situation and move objects that may cause injury.
- Keep the child in safe place and stay with child, preferably on flat surface.
- Put something soft under the head and loosen tight clothes, if possible.
- Turn on side as soon as possible (preferably left lateral).
- Note the time both start and finish time—how long did it last?
- Keep a watch on respiration.

Q3

What I should not do when my child is having seizures?

- Do not panic.
- Do not move the child unless in danger.
- Do not restrict movements.
- Do not place anything in the mouth or give them anything to smell.
- Do not give anything by mouth until fully recovered.

Q4

What should I do if seizure stops on its own?

- Most seizures are self-limiting and will stop on its own.
- If seizures stop within 3–5 minutes, keep the child still in recovery position. Watch for postictal (after seizure) vomiting.
- If there is postictal drowsiness or child wants to sleep—let the child sleep.
- Check if there is fever.
- Check the compliance of antiepileptic drugs.
- Report to the doctor about the breakthrough seizure.

Q5

If the seizure does not stop in 3–5 minutes, then what should we do?

- Give primary care as in point one.
- Use emergency medications such as midazolam spray, or diazepam suppository.

Q6

Which emergency drugs are available?

Intranasal Midazolam

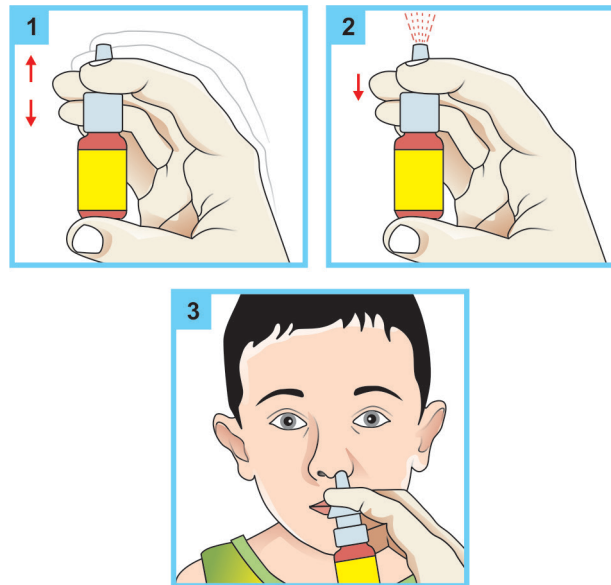
Your doctor will advise you beforehand how to use these emergency medications to be given via nose. Use the puffs as per the dose set by your doctor. A broad guide of dosing is provided in table given at the end of Q7.

Q7

How do I administer intranasal midazolam, if needed?

1. Shake the bottle gently.
2. Remove the dust cap.
3. Hold the bottle with your forefinger and middle finger on either side of the nozzle and your thumb underneath the bottle.
4. If using first time, spray it six times in the air with the nozzle pointing away from the patient until the consistent mist of the drug is delivered, this is called priming, which ensures that correct dose is delivered.
5. If the patient is in supine position, head is slightly lifted upward and the device should be placed near the patient's nose.
6. Insert the nozzle into patient's nostril, depress the pump with a firm even stroke (Patient need not inhale).
7. Tilt the patient head backward while spraying, this will avoid swallowing of the solution.
8. Administer one spray at a time in each nostril to continue prescribed dose.
9. Reprime the device for subsequent use if the bottle is not used for more than a day. To reprime spray it two to three times in the air until a fine mist appears. For reusing, the device nozzle and dust cap must be washed before storage.
10. Nasal spray delivers either 1.25 mg or 0.5 mg of midazolam. Dose is titrated according to individual patient weight and full effective dose should be administered.

11. For adults, dose is 5 mg, if weight <50 kg; and 10 mg, if weight >50 kg. The dose should be equally divided and administered into each nostril.
12. For children, the recommended dose of *midazolam* nasal spray is 0.2 mg/kg body weight. The dose should be equally divided and administered into each nostril.
13. Placing half the medication in each nostril reduces the volume while doubling the available surface area for absorption.



Each intranasal midazolam—(0.5 µg/puff)

Age (years)	Weight	Dose	Puffs in each nostril (metered dose in each nostril)
½–1	Up to 10 kg	1.25–2 mg	1–2
1–4	10–16 kg	2–3 mg	2–3
4–10	16–32 kg	4–6 mg	4–6
>10	>32 kg	6–10 mg	10

Beyond 50 kg—Can use 1.25 µg—4 puffs in each nostril.
This dose can be repeated once after 5 minutes.

Q8**What precautions are to be taken?**

- Keep a watch on child's respiration.
- Any change in pattern, jerky respiration or slow breathing stop midazolam spray and call for medical help.
- The midazolam spray needs to be checked for appropriate delivery by spraying one puff in air prior to administering it to your child.
- Check expiry date prior to each use.

Q9**What is the dose of diazepam suppository?**

- Diazepam suppository (if available)—To be given per rectally as suppository.
- Dose—0.5 mg/kg

Q10**When should I ask for medical help or contact local doctor/hospital?**

- You are frightened or need help.
- The seizure continues for >5 minutes.
- If one seizure follows another.
- If the child is injured or you are concerned about their breathing.
- You believe they need medical attention.

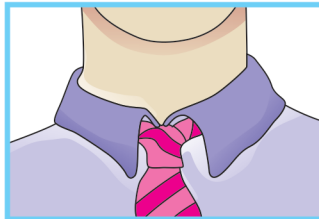


First Aid for Seizures

(Convulsions, generalized tonic-clonic, grand mal)



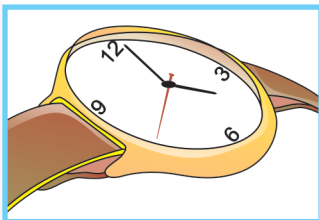
**Cushion head,
remove glasses**



Loosen tight clothing



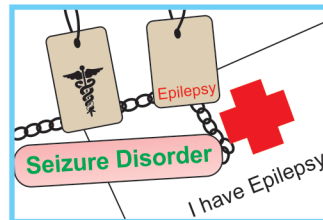
Turn on side



**Time the seizure with
a watch**



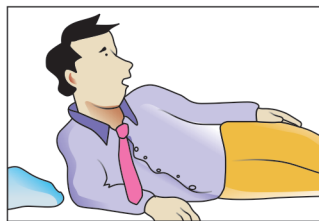
**Do not put anything
in mouth**



Look for ID



Do not hold down



As seizure ends...



...offer help