

MANAGEMENT OF NEWBORN WITH SEIZURES**Differentiate a seizure from jitteriness – Don't forget blood sugar**

- **Secure airway**
- **Face mask oxygen**
- **Optimise breathing, circulation and temperature**
- **Check BM – RBS**
- **IV cannula – FBC, BC, CRP, Ca+, SE**

Blood glucose <45mg/dl

- Give 2ml/kg 10% Dextrose
- Start dextrose infusion

Blood sugar – normal & Seizure-continuing

- Phenobarbitone 20mg/kg IV slowly over 20 minutes
- Repeat Phenobarbitone 10mg/kg IV slowly every 30 minutes until a total of 40mg/kg is reached.

Seizures continuing

- IV Phenytoin 20mg/kg slowly over 20 minutes
- IV clonazepam 100mcg/kg loading dose and then 10-40mcg /kg/hour
- Signs or suspicious of meningitis
- Consider Lumbar puncture & IV cefotaxime 80mg/kg
- Low serum Calcium & Give IV Calcium

Causes

- Hypoglycaemia
- Meningitis
- Intraventricularhaemorrhage
- Asphyxia

Seizures controlled with initial management

- Start maintenance Phenobarbitone 5mg/kg PO
- Once daily 12 hours after the last seizures
- Consider neuro imaging for refractory seizures

No clinical seizures in the next 72 hours

- If controlled by Phenobarbitone alone, stop without tapering of the dose
- If controlled by more than one drug, stop the drugs one by one. Phenobarbitone should be stopped the last.