



Facility Name:		Year:				
Doctor assessed:		Rank:	EN		PN Gen	PN Spec
Non-Compliant:	<80% compliance		CSO		MO Gr1	MO Gr 2
Compliant:	80-100% Compliance		Specialist			

Equipment required:		
1 Infant Mannequin	2 High Flow Oxygen	3 Nasal Prong Oxygen
4 Glucometer	5 Anticonvulsant: Diazepam	6 Jelcos, strapping, extensions
7 Intubatable Head	8 Nasogastric tube size 6	9 Water for injection/saline flush
10 KY Jelly	11 Alcohol swabs	12 Tuberculin syringe with no needle/syringes of various size

Scenario

A one-year-old baby girl presented to the clinic with fever and irritability. She was given IM Ceftriaxone and referred to the hospital POPD. She then developed a seizure and was breathing heavily and drooling. She continued to have twitching movements of her limbs.

Her anthropometric measures at the clinic were as follows:

Weight: 10 kg

Length: 80 cm

(OVERALL CASE SUMMARY FOR THE INSTRUCTOR only)

- Airway was assessed and airway maneuvers performed. She was suctioned and an oropharyngeal airway was placed. Her breathing was assessed and she was tachypnoeic with a respiratory rate of 40 breaths/min with no recessions. Oxygen was administered.
- Circulation was assessed as normal – warm peripheries.
- She only responded to painful stimuli.
- Her IV line had tissued. She was given a dose of Diazepam rectally.
- Her glucose was 2mmol/l, IVI line was inserted and GM was corrected with bolus of 10% glucose.
- The seizure stopped. She was given rectal paracetamol and tepid sponged. Her ABC was reassessed and her glucose was rechecked and was normal 4mmol/l. She was placed in the recovery position. Her mother was counseled on the need for further tests, LP, and informed about further management.

Nº	Indicator	NC	C	Comment
Assess the airway and manage				
1	Position the head - Head tilt chin lift			
2	Suction			
3	Guedel airway			
Assess breathing and manage				
4	Respiratory rate			
5	Recessions			
6	Check for cyanosis			
7	Administer oxygen			
Assess circulation				
8	Warm hands			
Assess level of consciousness				
9	AVPU (response to pain and continues to fit)			
State: "The IV line inserted in casualty had "tissued"				
Stop the seizure				
10	Draw up the Diazepam in an insulin syringe 0.5mg/kg (1ml) (can reference ETAT chart for dose of Diazepam)			
11	Place the child in a recovery position			
12	Insert the syringe into the rectum 4-5cm or use a shortened NGT and administer the diazepam (then flush)			
13	Hold the buttock together for a few minutes			

Nº	Indicator	NC	C	Comment
14	Check the glucose			
15	Insert an IV line			
16	Bloods for electrolytes, CMP, glucose			
17	10 % glucose 5ml/kg (can reference ETAT chart for dose of glucose)			
State: "The seizure stopped after the Benzodiazepine and glucose was given"				
Further management				
18	Reassess ABC			
19	Recheck the glucose after 30 minutes			
20	Recovery position			
21	Tepid sponge/ rectal paracetamol			
22	Counsel the mother on his progress and need for further tests and management			
Totals:		X 0	X 1	
Total:			/ 22	
Percentage:			%	