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Child with Convulsions or Reduced Consciousness

Practical 09 / Skills laboratory simulation

Aim

Assess a child's level of consciousness and rehearse an initial emergency response.

Principle

Airway protection, breathing, perfusion, glucose and seizure duration guide urgent action. Positioning and movements must account for trauma.

Materials and Requirements

- Child manikin, stopwatch, vital-sign and glucose cards
- Local paediatric emergency chart and simulated medication order

Procedure

1. Make the scene safe, call the paediatric emergency team and time observed seizure activity. Protect the child from injury without restraint.
2. Move hazards away, note the exact observed start time and ask a witness about onset if available. Allocate airway, timing and communication roles and avoid restraining the child.
3. Assess airway, breathing and circulation. Apply the faculty-taught safe position when breathing and appropriate, and protect the spine when trauma is suspected.
4. Position the trainer to protect breathing, checking for suspected trauma and the need for spinal precautions. Reassess chest movement, oxygenation and circulation as team support arrives.

Continue with step 5 on the next page.

Procedure Continued

Child with Convulsions or Reduced Consciousness

5. Record responsiveness with AVPU initially and perform a simulated bedside glucose check. Reassess as the episode evolves.
6. Record the AVPU level and bedside glucose when safe and available. Note whether consciousness has returned to baseline and distinguish continuing seizure activity from post-event reduced responsiveness.
7. In the simulation, identify the indicated medicine and route from the current emergency chart. Verify weight, order, dose, timing and respiratory monitoring with the supervisor.
8. Read back the authorised rescue order and check age, weight, timing, monitoring and maximum or repeat instructions in the current case guide. Prepare the simulation equipment while help is activated.
9. Report onset, duration, witness description, glucose, interventions and recovery.
10. Give the duration, glucose, likely trigger, interventions and response to the receiving team. Document times and any respiratory change after the simulated intervention.

Precautions

- Never put objects into the mouth during convulsions.
- Give nothing orally while airway protection is uncertain.

Observations and Interpretation

Child with Convulsions or Reduced Consciousness

Observations and Record

Item	What to record	What it tells you
Event	Time of onset, movements and recovery	Defines duration and type
Consciousness and glucose	AVPU, breathing and bedside glucose	Detects airway risk and reversible contributors
Actions	Position, medicines if ordered and response	Enables reassessment

Worked Example

A child has ongoing convulsions at five minutes. Glucose is available and within the scenario range. The student reports the time, prepares monitored rescue treatment per the station chart and obtains urgent team help.

Result and Interpretation

Treat the simulated episode as a time-critical emergency. Document response and continue assessment for the cause.

Viva Questions and Answers

What does AVPU stand for?

Alert, responds to Voice, responds to Pain and Unresponsive.

Why time seizure activity?

Duration guides emergency treatment and helps interpret recovery.

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