## Coma in a child

## © ALSG & CAI 2008 **URGENT:** Assess and stabilise Establish/protect airway (place into recovery ABC position if unprotected and intubation not possible) Consider intubation and ventilation if P or U on Advanced AVPU scale Life Support with bag-valve-mask if inadequate Support breathing or absent cough or gag reflex Give high concentration O<sub>2</sub> **Key Points in Management** Monitor vital signs regularly Maintain normal blood glucose Establish IV access Avoid hyponatraemia Treat **shock** if - do not give hypotonic solutions Treat seizures present NG tube and frequent small feeds Avoid hyperthermia (T >37.5) - give rectal paracetamol Glucose stick test, Urinary catheter to monitor blood cultures, U&E status of circulation and FBC if possible Consider need for lumbar puncture when conscious level improves Drug doses YES Meningitis: Treat hypoglycaemia Cefotaxime 100mg/kg 5ml/kg 10% Glucose IV / IO mmol/l? (WHO benzylpenicillin + chloramphenicol) Dexamethasone 150 mcg/kg 6 hrly NO Malaria: Quinine 20mg/kg in 20ml/kg 5% (WHO 20mg/kg in 10ml/kg of 5% dextrose) Rapid assessment glucose over 4-6 hours of conscious level **AVPU** and pupils responds to Alert or Pain or responds to **Unresponsive Voice** Identification and immediate treatment of the Establish/protect airway as above treatable e.g. meningitis, malaria Reassess YES Raised ICP Signs of Raised ICP signs and management raised ICP management **V**NO Signs: Unconscious Diagnostic pointers to cause: Decerebrate/decorticate posture Recent trauma: head injury Dolls eye movements Management: Fontanelle, neck stiffness/ Maximise oxygenation and circulation photophobia Minimise disturbance High fever: meningitis, malaria Control fits (see convulsions pathway) Ingestion of drugs/poisons Mannitol 250-500 micrograms/kg over 15 minutes Skin rash: meningococcus Nurse head up at 30 degrees