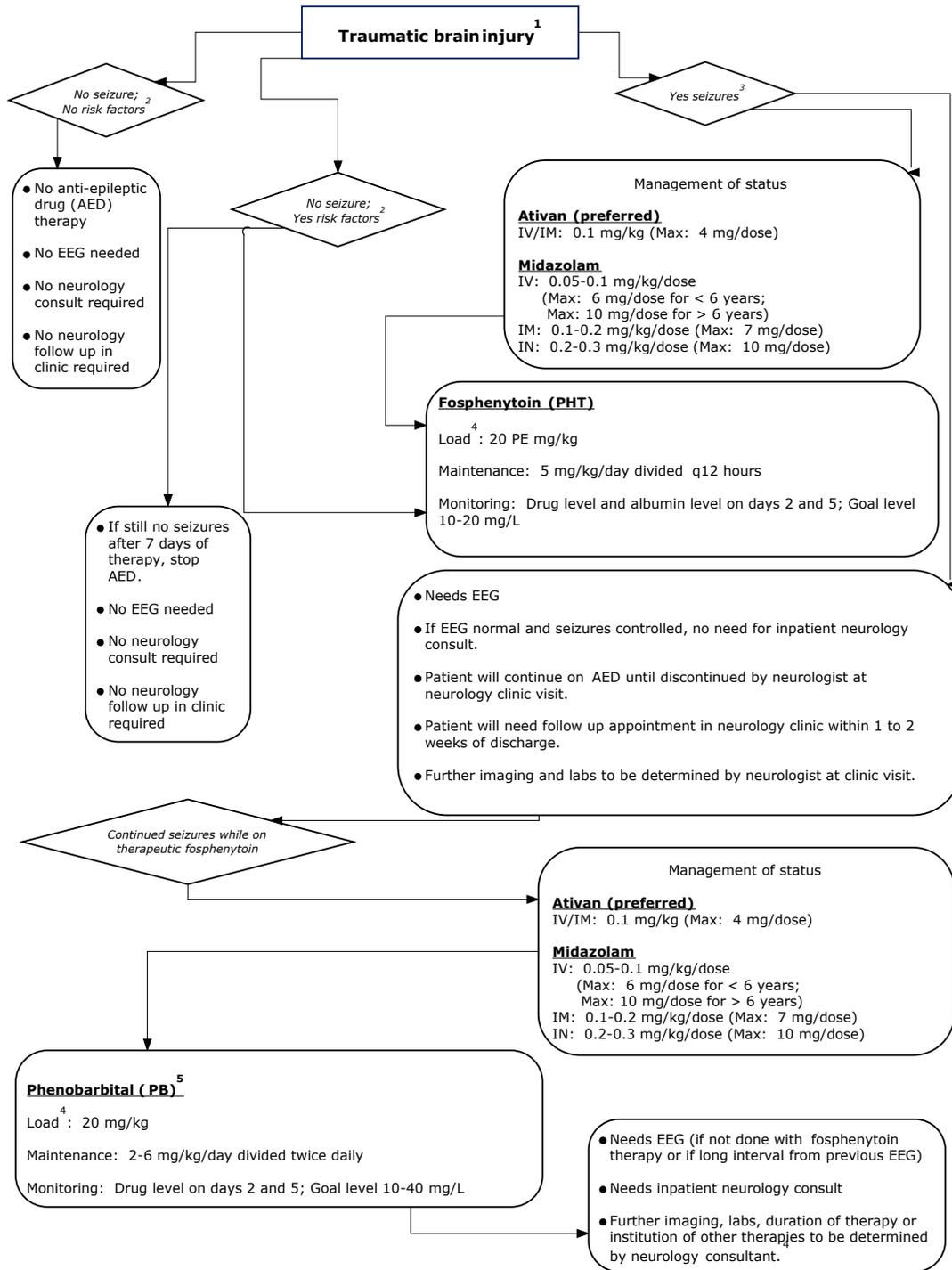


# Pediatric Anti-epileptic Therapy for Traumatic Brain Injury Protocol



## NOTES:

- Defined as: Cortical contusion  
Epidural hematoma  
Penetrating head wound  
Depressed skull fracture  
Intracerebral hematoma  
Subdural hematoma  
Subarachnoid hemorrhage
- Risk factors: Severe traumatic brain injury with GCS = 3-8  
Extra-axial hemorrhage in age < 2 year old  
Depressed skull fracture  
Penetrating head wound
- If seizure is self-limited, can just load with AED drug and then start maintenance without ativan or midazolam administration.
- Anticonvulsant load must be IV formulation. Continue on IV form until therapeutic drug levels (with seizures controlled if applicable). Then may change to enteral form when patient tolerating feeds.
- Can start phenobarbital as first line drug if fosphenytoin is contraindicated (e.g. allergy).
- At this time, levetiracetam (Keppra) is not approved for use in patients < 16 years of age so this drug is not being included in the algorithm. Consultation with a pediatric neurologist is recommended for alternate therapies.