

Coma in a child

URGENT:

Establish/protect airway (place into recovery position if unprotected and intubation not possible)
 Consider intubation and ventilation if P or U on AVPU scale
 Support with bag-valve-mask if inadequate breathing or absent cough or gag reflex

Assess and stabilise
ABC

Give high
concentration **O₂**

Establish **IV access**
Treat **shock** if
present

Glucose stick test,
blood cultures, U&E
and FBC if possible

Treat hypoglycaemia
5ml/kg 10% **Glucose IV / IO**

YES
NO
**< 1.6
mmol/l?**

Rapid assessment
of conscious level
AVPU and pupils

**Alert or
responds to
Voice**

Identification and immediate
**treatment of the
treatable** e.g. meningitis, malaria

Reassess

Signs of
raised ICP?

YES

**Raised ICP
management**

NO

Diagnostic pointers to cause:
Recent trauma: head injury
Fontanelle, neck stiffness/
photophobia
High fever: meningitis, malaria
Ingestion of drugs/poisons
Skin rash: meningococcus



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Key Points in Management

- Monitor vital signs regularly
 - Maintain normal blood glucose
 - Avoid hyponatraemia
– do not give hypotonic solutions
 - Treat seizures
 - NG tube and frequent small feeds
 - Avoid hyperthermia (T >37.5)
– give rectal paracetamol
 - Urinary catheter to monitor status of circulation
- Consider need for lumbar puncture when conscious level improves

Drug doses

Meningitis:

- Cefotaxime 100mg/kg
- (WHO benzylpenicillin + chloramphenicol)
- Dexamethasone 150 mcg/kg 6 hrly

Malaria:

- Quinine 20mg/kg in 20ml/kg 5%
- (WHO 20mg/kg in 10ml/kg of 5% dextrose) glucose over 4-6 hours

responds to
**Pain or
Unresponsive**

Establish/protect **airway** as
above

Raised ICP signs and management

Signs:

- Unconscious
- Decerebrate/decorticate posture
- Dolls eye movements

Management:

- Maximise oxygenation and circulation
- Minimise disturbance
- Control fits (see convulsions pathway)
- Mannitol 250-500 micrograms/kg over 15 minutes
- Nurse head up at 30 degrees