**Clinical Seizure-Like Activity**

1) If not in NICU, consult Neonatology, consider Telehealth
2) Begin evaluation for seizure etiology
3) Continuous video EEG (cVEEG) as soon as possible; aEEG can be performed concurrently
4) Consult Neonatal Neurology

**Clearly clinical seizures that are recurrent or seizures on EEG**

- Load PHENobarbital 20 mg/kg IV x 1 STAT
- Check PHENobarbital level 1 hour after load (goal level 20-40 mcg/mL)
- Follow Neonatal Seizure Treatment Guideline

**Evaluation for Seizure Etiology**

1) Check glucose, Ca++, Mg, Na
2) Make sure vitamin K has been given intramuscularly
3) Infection: consider LP, TORCH titers and cultures
4) Encephalopathy: if no birth history for HIE, consider LP, evaluation for inborn errors of metabolism
5) Family history of seizures?
6) Request placental pathology
7) Brain MRI without contrast after seizures terminated or at 24-72 hours if seizures persist
8) Neonatal Neurology consultation

**Unsure if seizures**

- NO seizure medication, and continue to monitor with EEG/aEEG

**If no seizures after 24 hours of monitoring, d/c EEG/aEEG**

Reviewed at NICU DT in January 2020
Approved at Pediatric P&T in February 2020