# Nurses' Knowledge and Practices about the Management of Childhood Convulsion in Pediatric Emergency Departments and Pediatric Intensive Care Units at Governmental Hospitals in Gaza Strip

**Study Questionnaire:**

Knowledge and Practices about the Management of Childhood Convulsions

**Part 1: Personal information**

| | | |
|---|---|---|
| 1 | **Gender:** | □ Male □ Female |
| 2 | **Age:** | …… Years |
| 3 | **Level of education:** | □ Diploma □ Bachelor □ Master / PhD |
| 4 | **Monthly income:** | …… Shekel |

**Part 2: Work-related information**

| | | |
|---|---|---|
| 1 | **Hospital:** | □ Al Aqsa hospital □ Nasser hospital<br>□ European Gaza Hospital |
| 2 | **Place of work:** | □ PICU □ Emergency department |
| 3 | **Experience in nursing:** | ……. years |
| 4 | **Experience in PICU/ ED:** | ……. years |
| 5 | **Working shifts:** | □ Straight morning □ Rotation (morning, evening, night) |
| 6 | **Have you received training about the management of childhood convulsions?** | |

| | |
|---|---|
| | □ Yes □ No |

**Part 3: Knowledge about childhood convulsions**

**Choose the <u>Most Correct</u> answer for the following questions**.

1. **What are the most common causes of convulsions in children?**
    a. Febrile seizures
    b. Epilepsy
    c. Hypoglycemia
    d. Hyperglycemia
2. **What is the most critical initial step in managing a convulsing child?**
    a. Administer anti-seizure medication
    b. Ensure a clear airway and adequate oxygenation
    c. Start intravenous fluids
    d. Call for a neurologist
3. **Which medication is most commonly used to terminate convulsions in children?**
    a. Diazepam or Midazolam
    b. Paracetamol
    c. Ceftriaxone
    d. Salbutamol
4. **What are the potential complications of prolonged convulsions?**
    a. Brain damage
    b. Respiratory distress
    c. Cardiac arrest
    d. All of the above
5. **What is the recommended duration to consider a seizure as status epilepticus?**
    a. >1 minute
    b. >5 minutes
    c. >10 minutes
    d. >30 minutes
6. **What is the first-line drug for treating febrile seizures in children?**
    a. Diazepam or Midazolam
    b. Phenobarbital
    c. Phenytoin
    d. Trophen (Ibuprophen)
7. **What is the normal range of blood glucose levels in children to be maintained during convulsion management?**
    a. 70–100 mg/dL
    b. 90–120 mg/dL
    c. 100–140 mg/dL
    d. None of the above
8. **Which of the following is NOT a common cause of childhood convulsions?**
    a. Hypoglycemia
    b. Hypoxia

c. Fractures
d. Electrolyte imbalance

9. **What is the recommended duration for seizure activity before initiating treatment for status epilepticus?**
    a. Immediately
    b. 5 minutes
    c. 15 minutes
    d. 30 minutes
10. **What is the purpose of using rectal or intranasal diazepam during a seizure?**
    a. To prevent brain damage
    b. To reduce fever
    c. To stabilize heart rate
    d. To rehydrate the patient
11. **How often do you monitor vital signs in a child experiencing convulsions?**
    a. Continuous monitoring
    b. Every 5 minutes
    c. Every 15 minutes
    d. Every 30 minutes
12. **How do you typically administer medication for acute convulsions?**
    a. Intravenous
    b. Rectal
    c. Intramuscular
    d. Oral

13. **What methods do you use to assess the effectiveness of the intervention?**
    a. Seizure cessation
    b. Improved vital signs
    c. Patient responsiveness
    d. Able to drink and eat

**Part 4: Practice and skills about management of childhood convulsions**

**Answer the following questions by putting (x) in the suitable column:**

| No. | Intervention | Always | Often | Sometimes | Rare | Very rare |
|---|---|---|---|---|---|---|
| 1. | Place the child in a safe position to maintain an open airway and prevent aspiration | | | | | |
| 2. | Maintain safe environment around the patient | | | | | |
| 3. | Clear the bed of any harmful objects | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 4. | Assessing airway patency | | | | | |
| 5. | Make sure the airway is clear | | | | | |
| 6. | Take steps to avoid falls (restraining, put bed side-rails) | | | | | |
| 7. | Administering oxygen | | | | | |
| 8. | Monitoring vital signs | | | | | |
| 9. | Check blood glucose to detect hypoglycemia | | | | | |
| 10. | Administering glucose (as prescribed) | | | | | |
| 11. | Check foe electrolyte imbalance (Na, Ca, Mg ..) | | | | | |
| 12. | Administering electrolytes (Na, K, Mg, as prescribed) | | | | | |
| 13. | Administering anti-seizure drugs (as prescribed) | | | | | |
| 14. | Administer antipyretics (paracetamol or ibuprofen) for febrile seizures (as prescribed). | | | | | |
| 15. | Follow a specific protocol for managing childhood convulsions in my department | | | | | |
| 16. | Assess cessation of convulsion | | | | | |
| 17. | Assess for improved vital signs | | | | | |
| 18. | Documenting seizure duration | | | | | |
| 19. | Documenting patient's response to treatment | | | | | |
| 20. | Educate parents on managing fever early and when to seek help. | | | | | |