

SECTION: PM-04

PROTOCOL TITLE: PEDIATRIC SEIZURES

REVISED: April 01, 2023

BLS SPECIFIC CARE: See General Pediatric Care Protocol PM-1

- Administer oxygen (high flow if neurological deficits or altered mental status)
- Place patient in recovery position. Prevent accidental harm
- Anticipate brief combativeness or agitation in postictal phase
- Obtain BG and temperature
- Determine patient's color category on length based resuscitation tape (ACCESS Pediatric Tape)

AEMT/O.M. Specific Care: See General Pediatric Care Protocol PM-1

ALS SPECIFIC CARE: See General Pediatric Care Protocol PM-1

Anticonvulsant Therapies (for the actively seizing patient)

- Diazepam (Valium)
 - IV/IO: 0.2 mg/kg given slowly. Repeat every 5 minutes PRN max dose 10 mg
 - PR: 0.5 mg/kg
- Midazolam (Versed)
 - IV/IO: 0.1 mg/kg, 5 mg max single dose, repeat every 5 minutes PRN to a max of 10 mg.
 - IN/IM: 0.2 mg/kg, 5 mg max single dose, repeat every 5 minutes PRN to a max of 10 mg.
- Lorazepam (Ativan)
 - IV/IO/IM: 0.1 mg/kg,
 - May be repeated in 5-10 minutes to a maximum dose of 2 mg
- **If the maximum dose of a benzodiazepine is reached without seizure control, call medical control to switch to a different benzodiazepine.**

If hypoglycemia is present see PM-6

Protocol PM-04

PHYSICIAN PEARLS:

Complete a detailed neurological assessment as patient condition allows.

Obtain a BG and repeat every 10-15 minutes PRN

If unable to control seizures after max dose of any single benzodiazepine, call medical control to continue with another benzodiazepine or for other options.

PEDIATRIC SEIZURES