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|  | <b>COUNTY OF SACRAMENTO</b><br>EMERGENCY MEDICAL SERVICES AGENCY | Document #          | 9008.03  |
|   | PROGRAM DOCUMENT:<br><br><b>Pediatric Seizures</b>               | Initial Date:       | 07/26/21 |
|   |  | Last Approved Date: | 09/14/23 |
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Signature on File

EMS Medical Director

Signature on File

EMS Administrator

**Purpose:**

- A. To establish treatment standards for pediatric patients exhibiting signs and symptoms of active seizures, focal seizures with respiratory compromise, or recurrent seizures without lucid interval.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Protocol:**

- A. The ability to maintain temperature in prehospital settings in pediatric patients is a significant problem with a dose-dependent increase in mortality for temperatures below 37°C or 98.6°F. Simple interventions to prevent hypothermia can reduce mortality. During transport, warm and maintain normal temperature, being careful to avoid hyperthermia.
- B. Perform blood glucose determination.
- C. For any Altered Level of Consciousness (ALOC), consider AEIOUTIPS:
 

|          |                          |
|----------|--------------------------|
| Alcohol  | Trauma                   |
| Epilepsy | Infection                |
| Insulin  | Psychiatric              |
| Overdose | Stroke or Cardiovascular |
| Uremia   |                          |

| BLS   |
|---|
| <ol style="list-style-type: none"> <li>1. Supplemental O<sub>2</sub> as necessary to maintain SpO<sub>2</sub> ≥ 94%. Use the lowest concentration and flow rate of O<sub>2</sub> as possible.</li> <li>2. Airway adjuncts as needed.</li> <li>3. Apply spinal motion restriction when indicated per PD# 8044.</li> <li>4. Protect the patient from further injury.</li> <li>5. Check temperature and begin cooling measures if fever is the cause of the seizure.</li> <li>6. Transport.</li> </ol> |

## ALS

1. Airway adjuncts as needed.
2. If blood sugar  $\leq 60$  mg/dl, treat per PD# 9007 – Pediatric Diabetic Emergencies.
3. If seizure activity has stopped and the level of consciousness is improving or remaining constant: continue transport.
4. Continuous Seizure: Midazolam (IN/IM preferred route):
  - IM - 0.1 mg/kg (max dose 4 mg) **OR**
  - IN 0.2 mg/kg (max dose 6.0 mg)
  - IV 0.1 mg/Kg (max dose 4 mg) slow IV push in 1 - 2 mg increments, titrate to seizure control.
6. Cardiac Monitoring.
7. If seizures are continuing, initiate vascular access with NS, and titrate to a minimal SBP for the patient's age.

### NOTES:

1. \*\*May substitute Diazepam when there is a recognized pervasive shortage of Midazolam.
  - Diazepam 0.1mg/kg IV/IO to control seizures.  
If no IV access is available:
  - Diazepam 0.1mg/kg IM. May repeat once. Max dose 5 mg.
2. Many seizures are self-limited with a resolution before medication administration. Administration of Midazolam should only be used for continuous seizing and:
  - History of non-febrile seizures, or
  - Respiratory compromise, or
  - Emesis
3. Base Hospital Order: any other indication of seizure activity requiring medication administration.

\*Intranasal medications are to be delivered through an atomization device with one-half the indicated dose administered in each nostril.

**Cross Reference:** PD# 2032 – Controlled Substance  
PD# 8044 – Spinal Motion Restrictions (SMR)  
PD# 9017 – Pediatric Trauma  
PD# 9007 – Pediatric Diabetic Emergencies