



# Pediatric Seizure

EMS Medical Director:

[Signature on File](#)

EMS Administrator:

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- Reported or witnessed seizure
- Previous seizure history
- Medical alert tag
- Seizure medications
- History of trauma
- History of diabetes
- History of pregnancy
- Time of seizure onset
- Document number of seizures
- Alcohol use, abuse, or abrupt cessation
- Fever

**Signs and Symptoms**

- Altered mental status
- Sleepiness
- Incontinence
- Observed seizure activity
- Evidence of trauma
- Unconscious
- Incontinence

**Differential**

- Head trauma
- Metabolic, hepatic or renal failure
- Tumor
- Hypoxia
- Electrolyte abnormality
- Drugs or medication non-compliance
- Infection or sepsis
- Alcohol withdrawal
- Eclampsia
- Stroke
- Hyperthermia
- Hypoglycemia



## Treatment Protocol 9008



# Pediatric Seizure

- Diazepam: 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: Diazepam 0.1mg/kg IM. May repeat once. Max dose 5 mg.
- Intranasal medications are to be delivered through an atomization device with one-half the indicated dose administered in each nostril.
- 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.
- For any Altered Level of Consciousness (ALOC), consider AEIOUTIPS: Alcohol, Epilepsy, Infection, Overdose, Uremia, Trauma, Insulin, Psychiatric, Stroke or Cardiovascular

## Pearls

- **Simple febrile seizures are most common in ages 6 months to 5 years of age. They are, by definition, generalized seizures with no seizure history in the setting of any grade of fever, with an otherwise normal neurologic and physical exam. Any seizure confirmed to last for more than five (5) minutes should be treated with medication.**
- Addressing CAB and verifying blood glucose is as important as stopping the seizure.
- Be prepared to assist ventilations, especially if Midazolam is used. Avoiding hypoxemia is extremely important.
- In an infant, a seizure may be the only evidence of a closed head injury.
- Status epilepticus is defined as two or more successive seizures without a period of consciousness or recovery. This is a true emergency requiring rapid airway control, treatment and transport.
- Assess for the possibility of occult trauma and substance abuse, overdose, or ingestion/toxins.



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