

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	9008.01
	<u>PROGRAM DOCUMENT:</u> <b>Pediatric Seizures</b>	Initial Date:	07/26/21
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EMS Medical Director

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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
1. Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible. 2. Airway adjuncts as needed. 3. Apply spinal motion restriction when indicated per PD# 8044. 4. Protect the patient from further injury. 5. Check temperature and begin cooling measures if febrile cause of seizure. 6. Transport.
ALS
1. Airway adjuncts as needed. 2. If blood sugar ≤ 60 mg/dl, treat per PD# 9007. 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, titrate to a minimal SBP for patient's age.

**NOTES:**

1. **\*\*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.
2. The majority of seizures are self-limited with 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.

**\*\*Diazepam** may be used when Midazolam is not available or when using Diazepam from CHEMPACK supplies.

\*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