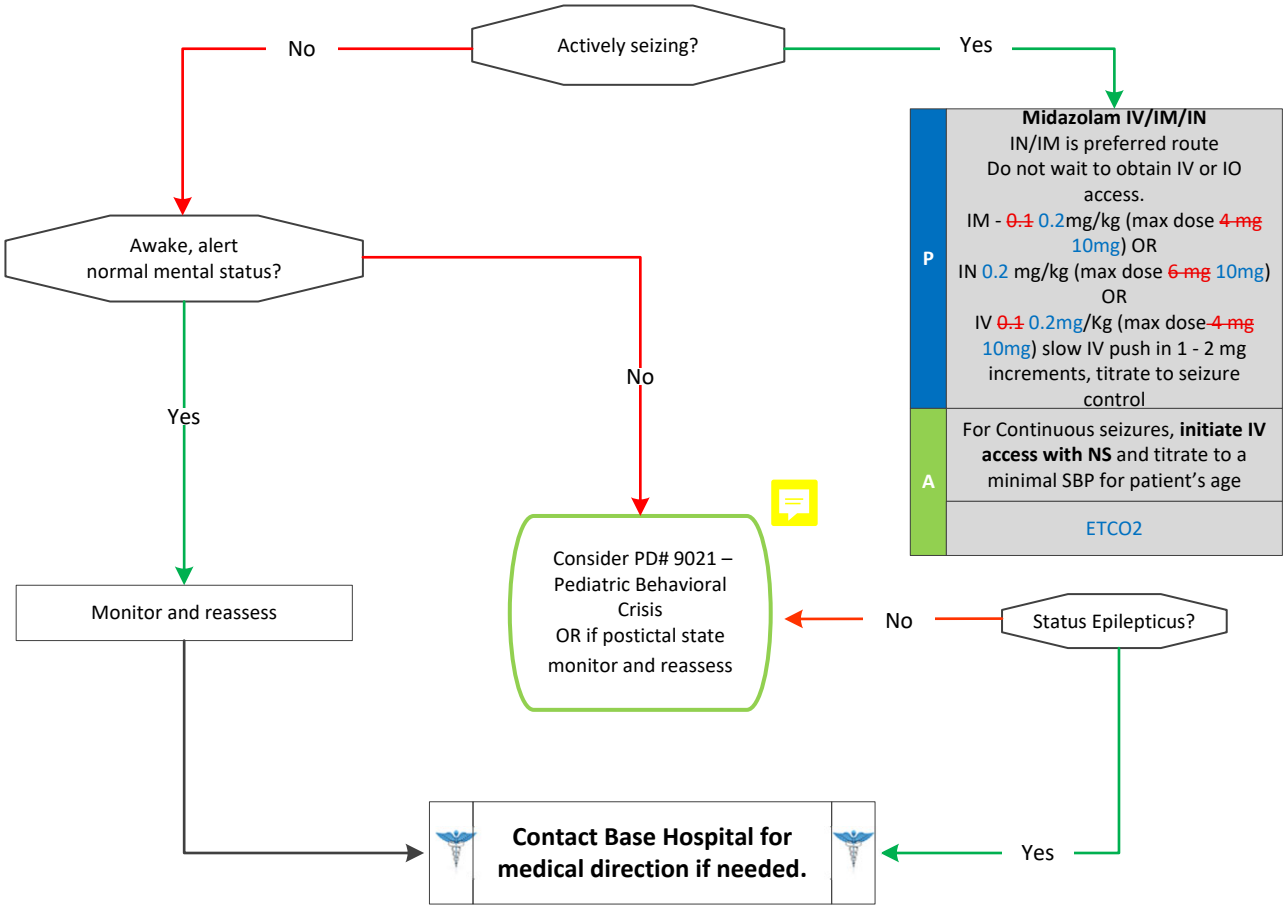
Pediatric Seizure

EMS Medical Director:
Signature on File
EMS Administrator:
Signature on File

E	Supplemental O_2 as necessary to maintain $SpO_2 \geq 94\%$, airway adjuncts as needed
E	SMR ***if indicated***
E	Protect the patient from further injury
E	Check temperature and begin cooling measures if fever is the cause of the seizure
E	Blood glucose analysis
P A	***Consider*** IV access
P A	**Cardiac Monitor**



DRAFT

E	EMT
A	AEMT
P	Paramedic

Pediatric Treatment Protocols

Document: 9008.03
Initial: 07/26/21
Approved: 09/11/25
Effective: 11/01/26
Next Review: 06/01/26

Pediatric Seizure

- 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

- **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.**

- 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
- Base Hospital Order: any other indication of seizure activity requiring medication administration.

Cross Reference:

PD# 2032 – Controlled Substance
PD# 8044 – Spinal Motion Restrictions (SMR)
PD# 9007 – Pediatric Diabetic Emergencies
PD# 9017 – Pediatric Trauma
PD# 9021 – Pediatric Behavioral Crisis