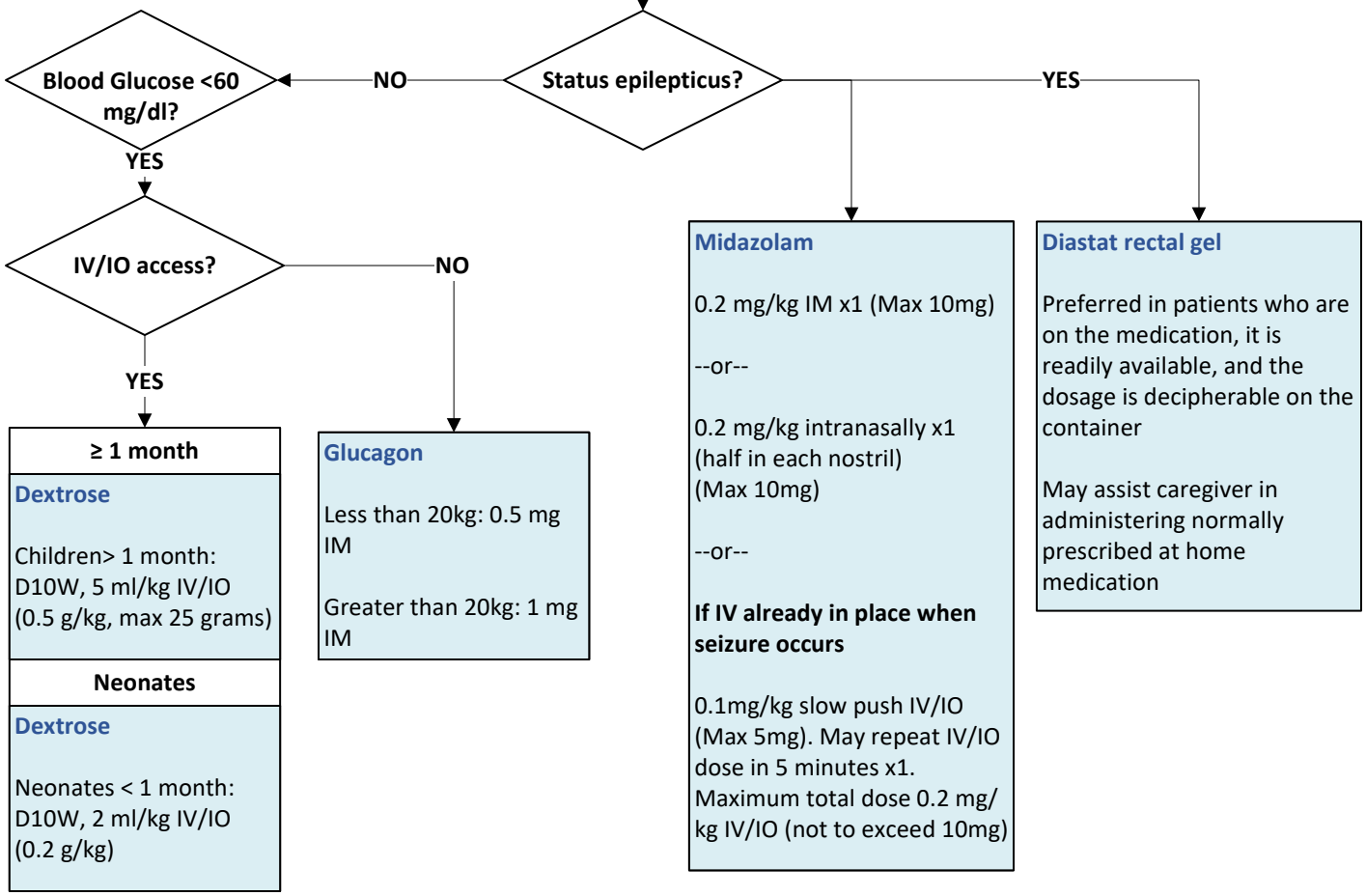
8.10 PEDIATRIC SEIZURE

BLS – FAQ Link

- Assess **Vital Signs,**
- ABC's and responsiveness,
- **Oxygen** as needed
- Transport in left lateral recumbent position if no C-spine injury suspected



Make Base Hospital Contact
Additional **Midazolam** after maximum dose or after Diastat administration for patient with continued seizures.

Effective: 10/01/24
Supersedes: 04/01/24

8.10 PEDIATRIC SEIZURE

BLS Treatment

- Assess airway, breathing, circulation and responsiveness.
- Assess signs
- **Oxygen** as indicated.
- Transport in left lateral recumbent position if no C-spine injury is suspected.

ALS Treatment

- IV or IO of **Normal Saline** at TKO.
- Check blood glucose. If blood glucose <60 mg/dl administer **Dextrose.**
    - Neonates 1 month: D10W, 5ml/kg IV/IO (0.5g/kg. Max 25 gram)
    - Children >1 month: D10W, 5ml/kg IV/IO (0.5g/kg. Max 25 gram)
- If no IV or IO access: administer **Glucagon.**
    - Less than 20kg: 0.5mg IM
    - Greater than 20kg: 1mg IM

- If status epilepticus is present, administer **Midazolam** or Diastat rectal gel:
- Status epilepticus is continuous seizure activity lasting > 5 minutes OR multiple seizures without regaining consciousness between seizures.
- Status epilepticus is continuous seizure activity lasting > 5 minutes OR multiple seizures without regaining consciousness between seizures.
    - **Midazolam:**
        - 0.2 mg/kg IM x1 (Max 10mg)
        - 0.2 mg/kg intranasally x1 (half in each nostril) (Max 10mg)
        - 0.1 mg/kg slow push IV/IO (max 5mg). May repeat IV/IO dose in 5 min x1. Maximum total dose 0.2mg/kg IV/IO (not to exceed 10mg)
- Administer Midazolam IV only if IV in place when seizure occurs.
- **Diastat rectal gel:** Preferred in patients who are on the medication, it is readily available, and the dosage is decipherable on the container. May assist caregiver in administering normally prescribed at home medication

Base Hospital Contact

Additional Midazolam after maximum dose or after Diastat administration for patient with continued seizures.