

Pediatric Emergencies P-8 Pediatric Seizure

Priorities

Primary Survey
Prevent trauma
Early notification of receiving hospital
Cooling measures for febrile seizures

Stabilize airway using appropriate BLS adjuncts

Oxygen – High flow if tolerated

Pulse Oximetry

Cardiac Monitor

IV/IO Access

Check Blood Glucose

If patient is actively seizing

Midazolam 0.1mg/kg IV/IO to a max single dose of 1mg
May repeat q3min until to a total max dose of 5mg or resolution of seizure activity
OR

Midazolam 0.2mg/kg IM/IN to max single dose of 4mg
If no IV/IO immediately available.

Once IV/IO is established AND seizure activity persists 2 minutes following administration of IM/IN Midazolam:

Midazolam IV/IO 0.1mg/kg single dose

Base Hospital Physician Order needed for any additional doses or to exceed 5mg of IV/IO+IM/IN dose.

For blood glucose <60mg/dl

For patients >2 years old – **Dextrose 50%** 1mL/kg IV/IO

For patients <2 years old – **Dextrose 25%** 2mL/kg IV/IO

For neonates with blood glucose <40mg/dl

Dextrose 10% 3mL/kg IV/IO

For fever >100.4°F/38°C:

Consider **Acetaminophen** 15mg/kg PO
Max dose 650mg PO

Contraindications to Acetaminophen

- Liver disease
- Taken acetaminophen-containing products within last 4 hours
- Infant: Taken >45mg/kg in past 24 hours
- Child <40kg: Taken >60mg/kg in past 24 hours
- Child >40kg: Taken >2,400mg in past 24 hours

DISRUPTED COMMUNICATIONS

In the event of a "disrupted communications" situation, Solano County Paramedics may NOT utilize all portions of this treatment protocol without Base Hospital Contact as needed to stabilize an immediate patient.