

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

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): <ul style="list-style-type: none"> • 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, 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