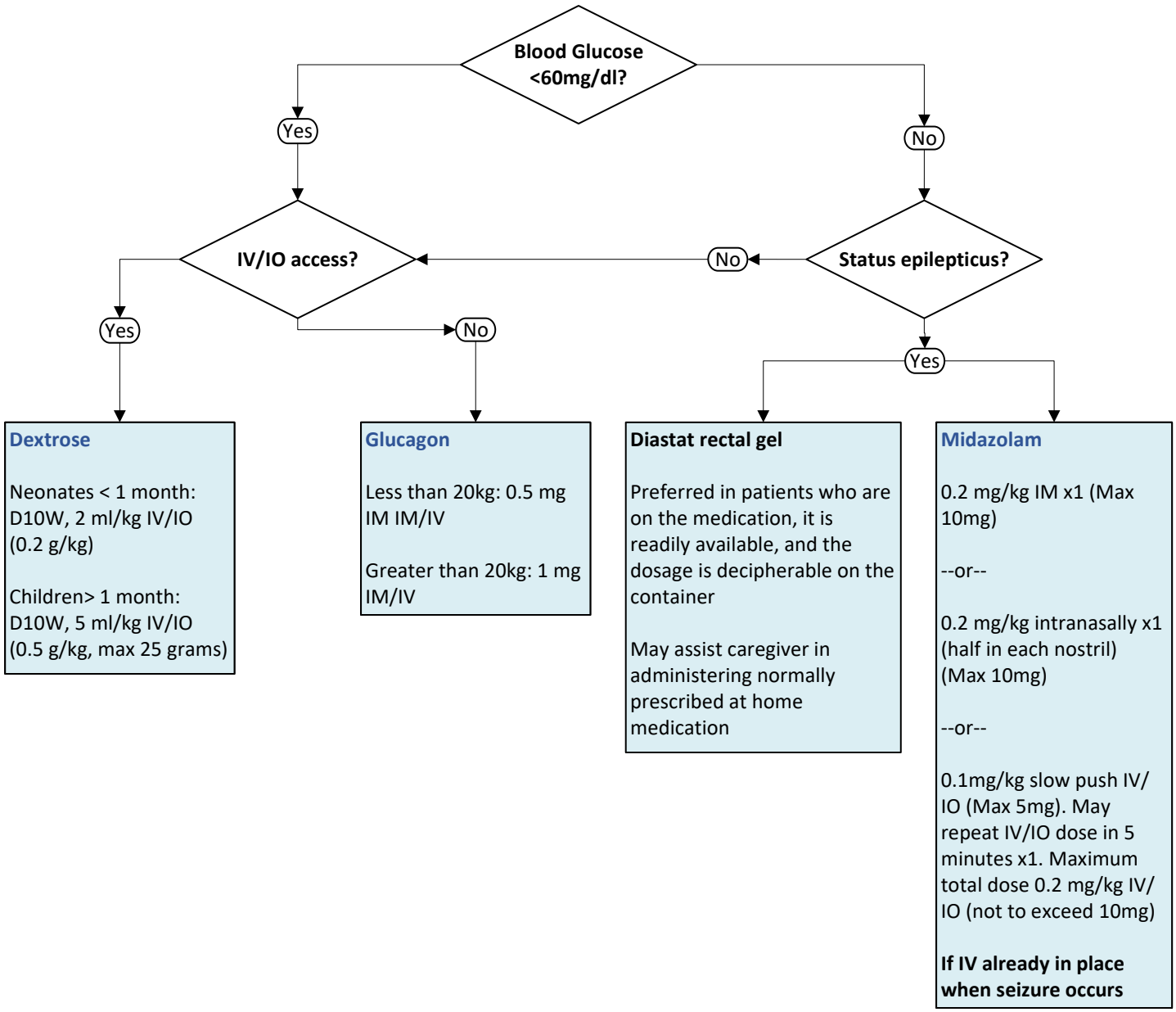
8.10 PEDIATRIC SEIZURE

BLS – FAQ Link

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



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/IV
  ○ Greater than 20kg: 1mg IM/IV
 	
• 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.
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  • **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