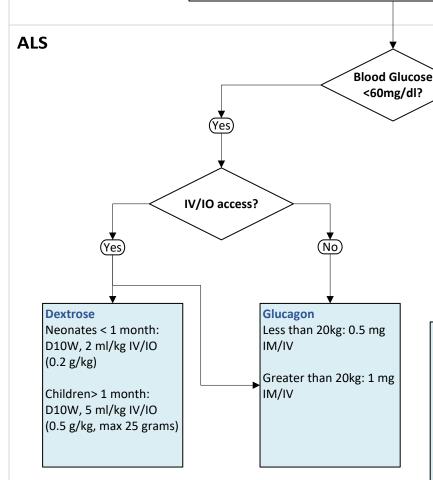
# **8.10 PEDIATRIC SEIZURE**



Assess **Vital Signs**, ABC's and responsiveness, NPO, **Oxygen**, and cooling measures if fever present

Transport in left lateral recumbent position if no C-spine injury suspected



### Diastat rectal gel

Preferred alternate to
Midazolam for patients with
history of seizures. If
available, use patient's
personal supply. This
medication is NOT supplied in
ambulances or included in
medication list.

May assist caregiver in giving Diastat rectal gel by inserting a syringe tip (no needle) into rectum. Hold or tape buttocks for 5 minutes to prevent spillage of Diastat from rectum. Follow prescription dosing directions.

### Midazolam

0.2 mg/kg IM x1 (Max 10mg)

VERSION

--or--

Status epilepticus?

0.2 mg/kg intranasally x1 (half in each nostril)

--or--

0.1mg/kg slow push IV/IO (Max 5mg). May repeat IV/IO dose in 5 minutes x1. Maximum total dose 0.2 mg/kg IV/IO (not to exceed 10mg)

## **Make Base Hospital Contact**

If seizure activity continues after maximum dose is reached and additional doses are required, or status epilepticus is present with hypotension

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### **BLS Treatment**

- Assess <u>vital signs</u>, airway, breathing, circulation and responsiveness.
- NPO
- Oxygen as indicated.
- Cooling measures as indicated
- Provide Spinal Motion Restriction as indicated or position of comfort as indicated.
- Transport in left lateral recumbent position if no C-spine injury is suspected.
  - Cooling measures if fever present.

### **ALS Treatment**

- IV or IO of Normal Saline at TKO.
- Check blood glucose. If blood glucose <60 mg/dl: administer Dextrose.</li>
  - Neonates <1 month: D10W, 2ml/kg IV/IO (o.2g/kg)</li>
  - 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 AND SBP > 90, administer Midazolam or Diastat rect gel:
- Status epilepticus is continuous seizure activity lasting > 5 minutes OR multiple seizures
   without regaining consciousness between seizures.
  - O Midazolam:
    - 0.2 mg/kg IM x1 (Max 10mg)
    - 0.2 mg/kg intranasally x1 (half in each nostril)
    - 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)

Status epilepticus is continuous seizure activity lasting > 5 minutes OR multiple seizures without regaining consciousness between seizures.

- If patient has Diastat rectal gel:
  - Preferred alternate to Midazolam for patients with a history of seizures. If available, use patient's personal supply. This medication is NOT supplied in ambulances or included in medication list. for personal use, this may be substituted for IN, IV or IO Midazolam solution. May assist caregiver in giving Diastat rectal gel by inserting a syringe tip (no needle) into rectum. Hold or tape buttocks for 5 minutes to prevent spillage of Diastat from rectum. Follow prescription dosing directions.

## **Base Hospital Contact Criteria**

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Requests for additional **Midazolam** if status epilepticus continues after second dose, or if status epilepticus is present and SBP is less than or equal to 90. <u>If seizure activity continues after maximum dose of midazolam is reached and additional doses are required or status epilepticus present with hypotension</u>

