Basic Treatment Guidelines:
1. Follow initial protocol for all patients.
2. Protect patient from injury, by clearing area of all possible hazards.
3. Avoid physical restraints unless necessary to protect patient or yourself

Advanced Treatment Guidelines:
1. Obtain blood sugar level.

2. Consider MIDAZOLAM IV 0.1 mg/kg. increments every 5 minutes until one of the following occur:
   • Seizure activity ceases
   • OR max dose of 6 mg has been administered
   • OR hypotension develops

3. If no IV access, consider one-time dose of MIDAZOLAM Intranasal 5 mg. If this provides no relief from seizure activity, initiate IO and administer MIDAZOLAM 0.1 mg/kg.

4. Administer 50 % DEXTROSE 25 grams IV push if blood glucose < 60 mg/dl or if a history of hypoglycemia induced seizures.

Special Considerations:
1. Status epilepticus is a true life-threatening emergency and requires immediate transport.
2. As a result of fever, approximately 5% of children have seizures. Febrile seizures are most common between ages of 6 months and 4 years.

*When using Mucosal Atomization Devices (MAD) for intranasal administration, deliver half of the dose into each naris. For doses greater than 1 milliliter use two separate
syringes and MAD tips, this will ensure accurate dosing to both nares. A single naris dose should not exceed 1 milliliter.