EMS Pediatric Protocols

<table>
<thead>
<tr>
<th>Protocol Title:</th>
<th>Seizures</th>
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<tr>
<td>Original Adoption Date:</td>
<td>08/2000</td>
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<td>Date of Most Recent Update:</td>
<td>December 26, 2013</td>
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<tr>
<td>Medical Director</td>
<td>Chad Torstenson M.D.</td>
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**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:**
2. Administer MIDAZOLAM 0.1 mg/kg IV every 5 minutes to total of 6.0 mg
   - If unable to establish IV, administer MIDAZOLAM intranasal 0.2 mg/kg every 5 minutes or to Max Dose of 10 mg. *IN delivery may take 5-10 minutes for full effect*
3. If indicated administer dextrose for hypoglycemia:
   - Infant and child with glucose <60 mg/dl
   - Newborn with glucose <40 mg/dl
   - Child > 2 years old administer 50% DEXTROSE, 1-2 ml/kg IV or IO bolus
   - Child < 2 years old administer 25% DEXTROSE, 2-4 ml/kg IV or IO bolus. Dilute 50% DEXTROSE 1:1 with sterile water or NORMAL SALINE.
   - Newborn administer 10% DEXTROSE 2-4 ml/kg IV or IO bolus. Mix 1 part 50% DEXTROSE with 4 parts sterile water or NORMAL SALINE.

**Special Considerations:**
1. If using MIDAZOLAM, extreme caution should be used if administered in conjunction with other benzodiazepines, consider synergistic effects.
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 insure accurate dosing to both nares. A single naris dose should not exceed 1 milliliter.*