



PEDIATRIC SEIZURE

Effective: January 1, 2021
Replaces: January 1, 2020
Review: January 1, 2023

1. BLS Treatment

- 1.1. Routine Medical Care – Pediatric (700-S05)
 - 1.1.1. **Oxygen** – titrate as appropriate
- 1.2. Protect patient during active seizure
- 1.3. Spinal Motion Restriction as appropriate (700-M11)
- 1.4. Recovery position with head elevated, if no suspected spinal injury or mechanism
- 1.5. Consider cooling measures if febrile (loosen blankets and/or remove excessive clothing)
- 1.6. **Blood Glucose Level (BGL)**, if less than 80mg/dl or 45mg/dl (neonate), treat for hypoglycemia (700-P03)

2. ALS Treatment (for active seizure and/or status epilepticus)

- 2.1. Active Seizure without Vascular Access:
 - 2.1.1. **Midazolam 0.1mg/kg IM**, not to exceed a total dose of 5 mg
 - 2.1.2. After IM midazolam establish **Vascular Access (IV)**, TKO
 - 2.1.3. If unable to establish IV access and patient has continued seizure, **Midazolam 0.1mg/kg IM**, not to exceed a total dose of 5 mg
- 2.2. Active Seizure with Vascular Access (IV):
 - 2.2.1. **Midazolam 0.1mg/kg IV**, (slowly titrated to effect in increments of no more than 2.5 mg; not to exceed a total dose of 5 mg)
- 2.3. Post Seizure:
 - 2.3.1. **Vascular Access (IV)**, TKO
 - 2.3.2. If patient has a recurrent seizure; **Midazolam 0.1mg/kg IV**, (slowly titrated to effect in increments of no more than 2.5 mg; not to exceed a total dose of 5 mg)
- 2.4. **BASE CONTACT**: if additional Midazolam above 5 mg total is needed