	Department Name Address	ALS	Paramedic
		Revision #	
		Implementation Date	
Protocol	2.2.27 Seizures - Pediatric	Last Reviewed/Update Date	
Author / Owner		Medical Director	

This protocol should be used when the patient has had continuous convulsions, repeating episodes without regaining consciousness, or respiratory decompensation. Seizures may be caused by epilepsy, infections, poisoning, hypoglycemia, trauma, or decreased levels of oxygen. Care should be focused at maintaining an open airway, adequate oxygenation, protection and treatment of injury, and supporting the return to normal mental status.

- 1. Baseline care standards.
- 2. Airway management per protocol.
- 3. Establish IV Normal Saline TKO. Draw blood sample prior to infusing fluids.
- 4. Administer:
  - Diazepam 0.5mg/kg IV (10mg max. dose). If unable to start IV, administer Diazepam 0.5 mg/kg PR (10mg max. dose). Or,
  - Lorazepam 0.1mg/kg IV. Or,
  - Midazolam 0.1mg/kg IV (2mg max. dose).
- 5. Perform blood glucose test. If glucose is < 60mg/dL, administer:
  - For children 10 to 80 pounds (3kg-37kg). Administer *Dextrose 25% at 2ml/kg* IV (mix 25ml of D50 with 25ml of Normal Saline).
  - For Children over 80 pounds treat as adult. Administer *Dextrose 50% at 2ml/kg IV*.
  - If unable to establish an IV, administer *Glucagon 0.1mg/kg IM*. Max dose is 1mg.

## 6. Gather and transport medications.

## Medical Director's Signature

Date

Disclaimer:

The protocols have been developed by the North Dakota Department of Health are meant to be used as general guidance for developing protocols for individual emergency medical services agencies. These sample protocols are not meant to be medical or legal advice; nor do they establish standards of care. Each emergency medical services agency must tailor protocols based on their specific needs or capabilities. Local medical directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. directors must be consulted with and approve any protocol(s) prior to becoming operational in an emergency medical services agency. The North Dakota Department of Health make no representation on the accuracy of information contained herein and accepts no liability for any loss or damage arising from any content error or omission.

