

PG27 Pediatric Seizures

Objectives:

- To assess and treat pediatric patients with seizures
- To protect the airway of the seizing pediatric patient

General Information:

- Ativan (lorazepam) is the preferred drug for seizures
- If no vascular access administer rectal Valium (diazepam) 0.4 mg/kg
- Ativan (lorazepam)
 - a) Dilute in an equal amount of NS for IV/IO administration
 - b) Dose 0.1 mg/kg up to total dose of 2 mg given IV/IO push (over 2 minutes)
 - c) May be administered IM if IV/IO access is not available. Do not dilute if administering IM
 - d) May repeat with physician order up to max dose of 8 mg
 - e) Medical control may order 1 mg for post seizure patients to prevent further seizures (I, P)
- Valium (diazepam)
 - a) Valium (diazepam) 0.1 mg/kg (Max 4 mg) IV push (over 2 minutes) titrate to desired effect; may repeat
 - b) May be administered IM if IV/IO access is not available
- Versed (midazolam)
 - a) Dose 0.1 mg/kg (Max 2 mg) slow IV push (over 1 minute)
 - b) May be administered IM if IV/IO access is not available
- All patients receiving Valium (diazepam), Versed (midazolam) or Ativan (lorazepam) should have cardiac and SpO2 monitoring



Warnings/Alerts:

- Valium, Versed and Ativan all have potential to cause respiratory depression and bradycardia. For that reason, patients receiving these drugs should be on cardiac and SpO2 monitor with vital sign reassessment every 5 minutes. Administer slow IVP to avoid apnea
- Inadvertent arterial injection of Ativan may cause arteriospasm, resulting in gangrene and possible amputation
- Flush IV lines thoroughly after Valium administration. Valium is incompatible with most drugs and precipitation is likely to occur

OMD Notes:

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References:

- Mosby's Paramedic Textbook, 3rd edition (revised), pages 1313, 1329 and 1333
- Brady Prehospital Emergency Pharmacology pg 499

Performance Indicators:

Length and Onset of Seizure Glucometer Reading Treatment and Response to Treatment

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