

Seizures (Pediatric)**CFR AND ALL PROVIDER LEVELS**

1. Protect the patient from injury.
2. ABCs.
3. Airway management:
 - a. Position the patient to maintain airway patency.
 - b. Do not attempt placement of OPA during convulsions.
 - c. Consider use of NPA during active seizures, if available.
4. Avoid unnecessary or excessive restraint.
5. Administer oxygen.
6. Treat all injuries as appropriate.

● CFR STOP**EMT**

7. Measure blood glucose level.
 - a. If the glucometer reading is below 60 mg/dL, refer to the Altered Mental Status (Adult and Pediatric) protocol.
8. Request ALS assistance for ongoing or recurring seizures at time of patient contact.
9. Transport.

● EMT STOP**Paramedic**

For patients experiencing seizures that are ongoing or recurring:

10. Determine blood glucose level prior to administration of Dextrose or Glucagon.
11. Administer Glucagon 1 mg IM/IN.
 - a. NOTE: If the glucometer is above 60 mg/dL, Dextrose and Glucagon should be withheld.
12. If the patient is still seizing, administer Midazolam 0.2 mg/kg, IM or IN. (Maximum dose is 5 mg)
 - a. IN is the preferred route of administration.
13. During transport, or if transport is delayed:
 - a. Intravascular access. (Attempt IV access no more than twice.)
 - b. Administer Dextrose 0.5 mg/kg IV bolus:
 - i. Use 10% Dextrose in patients less than or equal to one (1) month of age.
 - ii. Use 25% Dextrose in patients greater than one (1) month of age and less than 15 years of age.

● Paramedic STOP**Medical Control Options**

If seizures persist administer one of the following:

1. Lorazepam 0.1 mg/kg IV/IN bolus, slowly over 2 minutes.
 - a. Repeat doses of Lorazepam 0.1 mg/kg, IV/IN, may be given if seizures persist.
 OR
2. Diazepam 0.2 mg/kg IV bolus slowly over 2 minutes.
 - a. Repeat doses of Diazepam 0.2 mg/kg, IV bolus, may be given if seizures persist.
 OR

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3. Midazolam 0.2 mg/kg IV bolus, slowly over 2 minutes, OR 0.2 mg/kg IN/IM when there is no intravascular access. (Maximum dose is 5 mg)
 - a. Repeat doses of Midazolam 0.2 mg/kg, IV/IN/IM, may be given if seizures persist. (Maximum repeated dose is 5 mg) IN is the preferred route of administration when there is no intravascular access.

Key Points / Considerations

1. Refer all weight or size-based medications to a Length based dosing device.
2. Do not administer Lorazepam, Diazepam or Midazolam if the seizures have stopped.