

Treatment Protocols

Date: 07/01/2023

Seizure - Pediatric

Policy #9180P

Stable Systolic blood pressure appropriate for age	Unstable Systolic blood pressure low for age, and/or signs of poor perfusion
Pediatric BLS Standing Orders	
<ul style="list-style-type: none"> • Universal Patient Protocol • Assess and control airway and breathing per Airway Policy • Oxygen PRN for pulse ox > 95% • Test glucose (glucose measurement should <u>not</u> delay midazolam administration by ALS if patient actively seizing) • Gather history from patient, and if patient unable to provide history, ask bystanders, family or friends. Bring family or friends to hospital if available • Assess for traumatic injury. If present, go to Trauma Protocol • Note any medications, and gather any medication, alcohol or drug bottles nearby • Determine date of last menstrual period • If post-ictal, transport in left lateral recumbent <p><u>HYPOGLYCEMIA, Glucose < 60 dL/mg (adult), 60 dL/mg (child), or 45 (neonate) dL/mg</u></p> <ul style="list-style-type: none"> • Administer glucose PO, If patient is alert, has a gag reflex, and can swallow: <ul style="list-style-type: none"> ○ Glucose paste on tongue depressor placed between cheek and gum ○ Granulated sugar dissolved in liquid • Reassess glucose following intervention <p><u>Febrile Seizures</u></p> <ul style="list-style-type: none"> • Remove clothing • Avoid shivering 	<ul style="list-style-type: none"> • Universal Patient Protocol • Assess and control airway and breathing per Airway Policy • Oxygen PRN for pulse ox > 95% • Test glucose (glucose measurement should <u>not</u> delay midazolam administration by ALS if patient actively seizing) • Gather history from patient, and if patient unable to provide history, ask bystanders, family or friends. Bring family or friends to hospital if available • Assess for traumatic injury. If present, go to Trauma Protocol • Note any medications, and gather any medication, alcohol or drug bottles nearby • Determine date of last menstrual period • If post-ictal, transport in left lateral recumbent <p><u>HYPOGLYCEMIA, Glucose < 60 dL/mg (adult), 60 dL/mg (child), or 45 (neonate) dL/mg</u></p> <ul style="list-style-type: none"> • Administer glucose PO, If patient is alert, has a gag reflex, and can swallow: <ul style="list-style-type: none"> ○ Glucose paste on tongue depressor placed between cheek and gum ○ Granulated sugar dissolved in liquid • Reassess glucose following intervention <p><u>Febrile Seizures</u></p> <ul style="list-style-type: none"> • Remove clothing • Avoid shivering
Pediatric LALS Standing Order Protocol	
<ul style="list-style-type: none"> • Establish IV PRN <p><u>HYPOGLYCEMIA (<60 mg/dL in children, <45 mg/dL in neonates)</u></p> <ul style="list-style-type: none"> • Dextrose 10% - dosing per chart, MR x1 • Glucagon – dosing per chart if no IV and BS level low or unobtainable • Reassess glucose following intervention 	<ul style="list-style-type: none"> • Establish IV <p><u>Hypotension</u></p> <ul style="list-style-type: none"> • 10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR x1 <p><u>HYPOGLYCEMIA (<60 mg/dL in children, <45 mg/dL in neonates)</u></p> <ul style="list-style-type: none"> • Dextrose 10% - dosing per chart, MR x1

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<p>NOTE: D50 should not be used in pediatric patients</p>	<ul style="list-style-type: none"> • Glucagon – dosing per chart if no IV and BS level low or unobtainable • Reassess glucose following intervention <p>NOTE: D50 should not be used in pediatric patients</p>
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Pediatric ALS Standing Order Protocol

<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO PRN • Capnography <p><u>HYPOGLYCEMIA (<60 mg/dL in children, <45 mg/dL in neonates)</u></p> <ul style="list-style-type: none"> • Dextrose 10% - dosing per chart, MR x1 • Glucagon – dosing per chart if no IV and BS level low or unobtainable • Reassess glucose following intervention <p>NOTE: D50 should not be used in pediatric patients</p> <p><u>PERSISTENT SEIZURE:</u></p> <ul style="list-style-type: none"> • Perform continuous pulse oximetry, blood pressure, ECG and capnography • Midazolam per dosing chart – (IV is preferred if available) • 0.2 mg/ kg IM max of 10 mg. MR x1 in 10 min MR BH • 0.2 mg/kg IN to a max of 10 mg MR BH • 0.1 mg/ kg IV max of 4 mg. MR x1 in 10 min MR BH 	<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO • Capnography <p><u>HYPOTENSION</u></p> <ul style="list-style-type: none"> • 10-20 mL/kg NS IV bolus; titrated to age-appropriate systolic BP MR x1 <p><u>HYPOGLYCEMIA (<60 mg/dL in children, <45 mg/dL in neonates)</u></p> <ul style="list-style-type: none"> • Dextrose 10% - dosing per chart, MR x1 • Glucagon – dosing per chart if no IV and BS level low or unobtainable • Reassess glucose following intervention <p>NOTE: D50 should not be used in pediatric patients</p> <p><u>PERSISTENT SEIZURE:</u></p> <ul style="list-style-type: none"> • Perform continuous pulse oximetry, blood pressure, ECG and capnography • Midazolam per dosing chart – (IV is preferred if available) <ul style="list-style-type: none"> ○ 0.2 mg/ kg IM max of 10 mg. MR x1 in 10 min MR BH ○ 0.2 mg/kg IN to a max of 10 mg MR BH ○ 0.1 mg/ kg IV max of 4 mg. MR x1 in 10 min MR BH
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Pediatric Base Hospital Orders

<ul style="list-style-type: none"> • Additional midazolam dosing per BH • Additional fluid boluses per BH • Additional glucose dosing per BH

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Notes:

- Consider meningitis in febrile adults or children (> 5 years old) with new seizures. Use appropriate PPE.
- Do not place anything in patient's mouths unless it is an airway device if they seized or are seizing
- Consider eclampsia in pregnant or immediately post-partum patients

APPROVED:

Signature on File

Katherine Staats, M.D. FACEP

EMS Medical Director