

Michigan
Pediatric Treatment Protocols
PEDIATRIC SEIZURES

Date: November 15, 2012

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Pediatric Seizures

Pre-Medical Control

MRF/EMT/SPECIALIST/PARAMEDIC

1. Follow **Pediatric Assessment and Treatment Protocol**.
2. **IF PATIENT IS ACTIVELY SEIZING:**
 - A. Protect patient from injury.
 - B. Do not force anything between teeth.

SPECIALIST/PARAMEDIC

- C. Start an IV/IO NS KVO.
- D. Measure blood glucose level.
- E. If glucose is less than 60 mg/dl, administer Dextrose.
 - a. Dextrose 12.5% for neonates, (under 1 month of age) 4 ml/kg IV/IO*.
 - b. Dextrose 25% for children up to 12 years old, 2 ml/kg IV/IO*.

*The IO route is a last resort if IV cannot be established and glucagon is not available with online Medical Control approval.

PARAMEDIC

- F. Administer Midazolam 0.1mg/kg IM, maximum individual dose 10 mg prior to IV start, if patient is actively seizing
- G. If IV established and Midazolam IM has not been administered, administer Midazolam, Lorazepam or Diazepam per MCA selection.

Medication Options:

(Choose One)

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Midazolam 0.05 mg/kg IV/IO, maximum individual dose 5 mg |
| OR | |
| <input type="checkbox"/> | Lorazepam - 0.1 mg/kg IV/IO, max single dose 4 mg, may repeat in 5 minutes if seizure activity continues; not to exceed 0.2 mg/kg total (maximum of 8 mg) |
| OR | |
| <input type="checkbox"/> | Diazepam - 0.1 mg/kg IV/IO or 0.5 mg/kg rectally (maximum individual dose 10 mg) |

- H. If seizures persist, per MCA selection, repeat Midazolam, Lorazepam or Diazepam at the same dose or contact medical control for further instructions.

MFR/EMT/SPECIALIST/PARAMEDIC

1. **IF PATIENT IS NOT CURRENTLY SEIZING, BUT HAS ALTERED MENTAL STATUS REFER TO ALTERED MENTAL STATUS PROTOCOL.**

NOTE:

To obtain Dextrose 12.5%, discard 37.5 ml out of one amp of D50, then draw 37.5 ml of NS into the D50 amp; administer as indicated above.

To obtain Dextrose 25%, discard 25 ml out of one amp of D50, then draw 25 ml of NS into the D50 amp; administer as indicated above.

MCA Name **Detroit East Medical Control Auth**
MCA Board Approval Date **03/19/2013**
MDCH Approval Date **9/26/2013**
MCA Implementation Date **10/01/2013**



Section 3-12

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