

Pediatric Seizure

Consider febrile seizures in patients under the age of 5 who have no seizure history and have a fever

Routine Medical Care

- Check pulse
- Reassess ABCs
- Give supplemental oxygen

How to make:

D25: remove/discard 25ml of D50 from syringe & replace with 25ml of NaCl

D10: remove/discard 40ml of D50 and replace with 40ml of NaCl

Administer **Midazolam** 0.2mg/kg IM/IN (max 5mg) prior to obtaining IV access

Yes

Is patient actively seizing upon EMS arrival?

No

- Symptomatic care
- Look for signs of trauma and/or head injury

- Obtain IV access
 - Check capillary blood glucose
- If CBG <60 mg/dl, give **IV/IO Dextrose**
- Dextrose 50 %** 1cc/kg >8yo
Dextrose 25% 2ml/kg age 1-7
Dextrose 10% 5ml/kg age < 1

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Contact **Medical Control** for additional orders or consultation

After 5 min is patient still seizing?

No

- Symptomatic care
- Look for signs of trauma and/or head injury
- Obtain IV access prior to transport

Yes

Give Benzodiazepine (Midazolam is 1st choice if available):

Midazolam 0.1mg/kg IV/IO (max 2mg)
 0.2mg/kg IM/IN (max 5mg)

Diazepam 0.1mg/kg IV/IO/IM pts <5yo (max 4mg)
 5yrs 10mg max dose.

Consider rectal administration of Diazepam 0.5 mg/kg as a last resort

Repeat dose q5min x1 (two doses total)

Generalized or complex partial seizure activity begins in the presence of EMS?

Yes

- Universal seizure precautions: (a) ensure airway patency – do not force anything between teeth, (b) keep patient on side, (c) protect patient from injury, (d) suction as needed, (e) check pulse immediately after seizure stops
- Status epilepticus is defined as continuous seizure activity ≥ 5 minutes without return of consciousness or 2 or more seizures without an intervening period of neurologic recovery. **Status epilepticus should be treated the same regardless of the type of seizure.**

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