



SEIZURE/CONVULSION - PEDIATRIC

**\*\*\* BASE HOSPITAL CONTACT REQUIRED \*\*\***

**ALS STANDING ORDERS:**

1. For on-going seizures or recurrent intermittent seizure activity without return of consciousness:
  - ▶ *Turn to side, protect airway, and suction when possible*
  - ▶ *Midazolam 0.2 mg/kg IM one time (preferred route). Maximum dose 10 mg*
  - ▶ *Midazolam 0.1 mg/kg IN/IV/IO if unable to deliver IM or if IV/IO already present. Maximum dose 5 mg; may repeat dose once for continued seizure activity 3 minutes after initial dose or for recurrent seizure.*
2. Pulse oximetry and, if available, waveform capnography to monitor oxygenation and ventilation.  
If room air oxygen saturation less than 95%:
  - ▶ *Provide high-flow Oxygen by mask or nasal cannula 6 L/min flow rate (direct or blow-by) as tolerated.*If end tidal CO<sub>2</sub> equals 50 or more:
  - ▶ *Assist ventilation with BVM.*
3. Obtain blood glucose and document finding. If blood glucose is 60 or less, treat patient using an option listed below. If hypoglycemia is suspected and blood glucose is in the range of 60 to 80, treatment based on field impression is appropriate.
  - ▶ *10% Dextrose 5 mL/kg IV (maximum dose 250 mL).*
  - ▶ *Glucagon 0.5 mg IM if unable to establish IV.*

*Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose less than 60, unable to establish IV and there is no response to IM glucagon.*
4. Make base contact (CCERC base preferred) for all transported and non-transported patients.
5. ALS escort to nearest appropriate ERC.

**TREATMENT GUIDELINES:**

- A seizure lasting longer than 5 minutes or multiple seizures without recovery or return to normal mental status between episodes is considered status epilepticus and is a neurologic emergency.
- Not all pediatric seizure patients will present with tonic-clonic seizure activity. Subclinical seizure may present as abnormal vital signs, gaze deviation, and clenched jaw.

Approved:

*Carol Schultz, MD*

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