



EMT-Basic Treatment Protocol 6403

Pediatric Emergencies Seizures

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- A. Perform **Peds-MAMP Protocol 6401**.
- B. Protect patient from injury - place on left side.
- C. Obtain history to help determine origin of seizure:
 - 1. Febrile - refer to **Pediatric Emergencies - Fever Protocol 6409**.
 - 2. Trauma - refer to **Peds-TAMP Protocol 6408**.
 - 3. History of seizures in past and is patient taking any antiseizure medications.
- D. If child is actively seizing:
 - 1. Protect airway, **do not** attempt to insert airway adjuncts.
 - 2. Calm caregiver's fears.
 - 3. Obtain key information and prepare for transport.
 - 4. Quickly assess serum glucose with a glucometer.

- 5. If glucose level is <80 mg/dl or cannot be determined, **contact Medical Command Physician** to consider oral glucose.



- 6. Expedite transport and contact **medical command**.



- 7. If seizure lasts longer than 5 minutes **or** two or more episodes of seizure activity occur between which the patient does not regain consciousness; request ALS backup. **Do not** delay transport – meet en route.



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8. If seizure continues, further treatment as **ordered by MCP**.

E. If child is not actively seizing:

1. Monitor vital signs closely and be alert for recurrence of seizure.
2. Transport.
3. Perform remaining assessment as indicated.
4. Notify Medical Command.