



EMSA-Intermediate Treatment Protocol 5403

Pediatric Emergencies Seizures

Page 1 of 2

- A. Perform **Peds-MAMP Protocol 5401**.
- 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 5409**.
 2. Trauma - refer to **Peds-TAMP Protocol 5408**.
 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 intubation during convulsion.
 2. Calm caregiver's fears.
 3. Obtain key information and prepare for transport.
 4. Quickly assess serum glucose with a glucometer and attempt to establish IV normal saline KVO or saline lock.

5. If glucose level is <80 mg/dl or cannot be determined, **contact Medical Command**:
 - a. Administer IV dextrose as follows:
 - i. D50W at 1.0 ml/kg for children older than two years.
 - ii. D25W at 2.0 ml/kg for children younger than two years.
 - b. If no IV available, administer glucagon 1.0 mg, IM.





EMSA-Intermediate Treatment Protocol 5403

Pediatric Emergencies Seizures

Page 2 of 2

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:
- If no IV access is available, administer diazepam 0.5mg/kg (maximum individual dose of 10.0 mg) per rectum **per MCP order.**
 - If IV access has been established, then administer diazepam 0.2 mg/kg IV (maximum individual dose of 10.0 mg) **per MCP order.**



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



D. If child is not actively seizing:

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