

Michigan
Pediatric Treatment Protocols
SEIZURES

Date: July 31, 2009

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Seizures

Pre-Radio

MRF/EMT/SPECIALIST/PARAMEDIC

1. Follow **General Pediatric Assessment and Treatment Protocol**.

IF PATIENT IS ACTIVELY SEIZING:

2. Protect patient from injury.
3. Do not force anything between teeth.

SPECIALIST/PARAMEDIC

4. Start an IV/IO NS KVO.

PARAMEDIC

5. Administer Diazepam 0.2 mg/kg (maximum individual dose 10 mg) IV/IM/IO or 0.5 mg/kg (maximum individual dose 10 mg via rectal route, **OR** Midazolam 0.15 mg/kg (maximum individual dose 5 mg) IV/IO.

(Choose One)	
<input type="checkbox"/>	Diazepam
OR	
<input type="checkbox"/>	Midazolam

6. If seizures persist, repeat Diazepam or Midazolam at the same dose or contact medical control for further instructions.

EMT/SPECIALIST/PARAMEDIC

7. **If blood glucose is found to be less than 60 or hypoglycemia is suspected:**

PARAMEDIC

- a) Administer Dextrose 2 ml/kg IV.
 - 1) Dextrose 12.5% for children under 1 yr.
 - 2) Dextrose 25% for children 1 yr and 12 yrs.

EMT/SPECIALIST/PARAMEDIC

IF PATIENT IS NOT CURRENTLY SEIZING, BUT HAS ALTERED MENTAL STATUS

1. Measure blood glucose level.

PARAMEDIC

2. If glucose is less than 60 mg/dl, administer Dextrose 2 ml/kg IV.
 - a) Dextrose 12.5% for children under 1 yr.
 - b) Dextrose 25% for children 1 yr and 12 yrs.

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IF PATIENT IS ALERT:

- a. Obtain vascular access.

Post-Medical Control

Actively seizing:

1. Additional **Dextrose** IVP
2. Additional Benzodiazepine

NOTE: To obtain approximately 12.5% Dextrose mixture draw 37.5 ml out of one amp of D50 and discard, then add 37.5 ml of NS; administer as indicated above.

To obtain approximately 25% Dextrose mixture, draw 25 ml out of one amp of D50 and discard, then add 25 ml of NS; administer as indicated above.

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