

Treatment Protocols

Date: 02/01/2021

Seizure - Pediatric

Policy #9180P

Stable Blood pressure appropriate for age	Unstable Systolic blood pressure low for age, and/or signs of poor perfusion
Pediatric BLS Standing Orders	
<ul style="list-style-type: none"> • Universal Patient Protocol • Assess and control airway and breathing per Airway Policy • Oxygen PRN for pulse ox > 95% • Test glucose (glucose measurement should <u>not</u> delay midazolam administration by LALS/ALS if patient actively seizing) • Perform continuous pulse oximetry, blood pressure, ECG and capnography (if ALS present) monitoring PRN • Gather history from patient, and if patient unable to provide history, ask bystanders, family or friends. Bring family or friends to hospital if available • Assess for traumatic injury. If present, go to Trauma Protocol • Note any medications, and gather any medication, alcohol or drug bottles nearby • Determine date of last menstrual period • If post-ictal, transport in left lateral recumbent <p><u>HYPOGLYCEMIA, Glucose < 80 (adult), 60 (child), or 45 (neonate) dL/mg</u></p> <ul style="list-style-type: none"> • Administer glucose PO, If patient is alert, has a gag reflex, and can swallow: <ul style="list-style-type: none"> ○ Glucose paste on tongue depressor placed between cheek and gum ○ Granulated sugar dissolved in liquid <p><u>Febrile Seizures</u></p> <ul style="list-style-type: none"> • Remove clothing • Avoid shivering 	<ul style="list-style-type: none"> • Universal Patient Protocol • Assess and control airway and breathing per Airway Policy • Oxygen PRN for pulse ox > 95% • Test glucose (glucose measurement should <u>not</u> delay midazolam administration by LALS/ALS if patient actively seizing) • Perform continuous pulse oximetry, blood pressure, ECG and capnography (if ALS present) monitoring • Gather history from patient, and if patient unable to provide history, ask bystanders, family or friends. Bring family or friends to hospital if available • Assess for traumatic injury. If present, go to Trauma Protocol • Note any medications, and gather any medication, alcohol or drug bottles nearby • Determine date of last menstrual period • If post-ictal, transport in left lateral recumbent <p><u>HYPOGLYCEMIA, Glucose < 80 (adult), 60 (child), or 45 (neonate) dL/mg</u></p> <ul style="list-style-type: none"> • Administer glucose PO, If patient is alert, has a gag reflex, and can swallow: <ul style="list-style-type: none"> ○ Glucose paste on tongue depressor placed between cheek and gum ○ Granulated sugar dissolved in liquid <p><u>Febrile Seizures</u></p> <ul style="list-style-type: none"> • Remove clothing • Avoid shivering
Pediatric LALS Standing Order Protocol	
<ul style="list-style-type: none"> • Establish IV PRN <p><u>HYPOGLYCEMIA (<60 mg/dL in children, <45 mg/dL in neonates)</u></p> <ul style="list-style-type: none"> • Dextrose 10% - dosing per chart, may repeat once (1) 	<ul style="list-style-type: none"> • Establish IV • Begin NS bolus 20 mL/kg IV PRN hypotension <p><u>HYPOGLYCEMIA(<60 mg/dL in children, <45 mg/dL in neonates)</u></p>

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<ul style="list-style-type: none"> • Glucagon – dosing per chart if no IV and BS level low or unobtainable 	<ul style="list-style-type: none"> • Dextrose 50% - dosing per chart, may repeat once (1) • Glucagon – dosing per chart if no IV and BS level low or unobtainable
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Pediatric ALS Standing Order Protocol

<ul style="list-style-type: none"> • Establish IO PRN • EtCO2 monitoring required for post ictal patients <p><u>PERSISTENT SEIZURE:</u></p> <ul style="list-style-type: none"> • Perform continuous pulse oximetry, blood pressure, ECG and capnography • Midazolam – <ul style="list-style-type: none"> ○ 0.2 mg/ kg IM once max of 10 mg. May repeat x 1 in 10 min ○ 0.2 mg/kg IN to a max of 10 mg ○ 0.1 mg/ kg IV once max of 4 mg. May repeat x 1 in 10 min 	<ul style="list-style-type: none"> • Establish IO PRN • NS bolus 20 ml/kg IO PRN hypotension • EtCO2 monitoring required for post ictal patients <p><u>PERSISTENT SEIZURE:</u></p> <ul style="list-style-type: none"> • Perform continuous pulse oximetry, blood pressure, ECG and capnography • Midazolam – <ul style="list-style-type: none"> ○ 0.2 mg/ kg IM once max of 10 mg. May repeat x 1 in 10 min ○ 0.2 mg/kg IN to a max of 10 mg ○ 0.1 mg/ kg IV once max of 4 mg. May repeat x 1 in 10 min
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Pediatric Base Hospital Orders

<ul style="list-style-type: none"> • Additional midazolam dosing per BH • Additional fluid boluses per BH • Additional glucose dosing per BH

Notes:

<ul style="list-style-type: none"> • Consider meningitis in febrile adults or children (> 5 years old) with new seizures. Use appropriate PPE. • Do not place anything in patient’s mouths unless it’s an airway device if they seized or are seizing • Consider eclampsia in pregnant or immediately post-partum patients
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APPROVED:

Signature on File

Katherine Staats, M.D.
EMS Medical Director