## Seizures - Pediatric

## EMT/ADVANCED EMT STANDING ORDERS



- Routine Patient Care.
- If the blood glucose reading is <60 mg/dl, see Hypoglycemia Protocol 2.9P.
- If midazolam intranasal or diazepam rectal gel (Diastat) has been prescribed by the patient's physician, assist the patient or care giver with the administration in accordance with the physician's instructions.
- If the patient has an implanted vagus nerve stimulator (VNS), suggest that family use the VNS magnet to activate the VNS and assist if required.
  - The VNS magnet should "hover" (moving randomly like a bee around a hive) over the implanted disc for a slow count of three seconds; if unsuccessful, repeat every 3 – 5 minutes for a total of 3 times.
  - Note: do not delay medication administration.

## PARAMEDIC STANDING ORDERS



- While seizure activity is present, consider:
  - \*Midazolam 5 mg/mL concentration (IM or IN preferred):
    - 0.2 mg/kg IM/IN (single maximum dose 8mg) repeat every 5 minutes; or
    - 0.1 mg/kg IV (single maximum dose 4 mg) repeat every 5 minutes, OR
  - Lorazepam 0.1 mg/kg IV(single maximum dose 4 mg) repeat every 5 minutes, OR
  - Diazepam 0.1 mg/kg IV (single maximum dose 10 mg IV) repeat every 5 minutes.



\*For IN administration of midazolam use a 5 mg/mL concentration.



Do NOT routinely place an IV/IO for the actively seizing patient (unless needed for other reasons).

## PEARLS:

- Do not attempt to restrain the patient; protect them from injury.
- History preceding a seizure is very important. Find out what precipitated the seizure (e.g., medication non-compliance, active infection, trauma, hypoglycemia, poisoning).
- **Status epilepticus** is defined as any generalized seizures lasting more than 5 minutes. This is a true emergency requiring rapid airway control, treatment (including benzodiazepines), and transport.
- IM/IN is the preferred route for midazolam where an IV has not been previously established.
- IM midazolam should be administered to the lateral thigh.
- Diazepam and lorazepam are not well absorbed IM and should be given IV.
- There is an increased risk of apnea with >2 doses of benzodiazepines.