



## PEDIATRIC SEIZURE

**Effective:** January 1, 2025  
**Replaces:** January 1, 2021

### 1. Patient Care Goals

- 1.1. Prompt cessation of seizures in the prehospital setting
- 1.2. Identify Status Epilepticus characterized by continuous seizure lasting more than 5 minutes OR more than one seizure without return to baseline mental status
- 1.3. Minimizing adverse events in the treatment of seizures in the prehospital setting
- 1.4. Minimizing seizure recurrence during transport
- 1.5. Ensure no prolonged periods of hypoventilation during seizure activity

### 2. BLS Treatment

- 2.1. Routine Medical Care – Pediatric (**700-S05**)
  - 2.1.1. **Oxygen** – titrate as appropriate
- 2.2. Protect patient during active seizure
- 2.3. Spinal Motion Restriction as appropriate (**700-M11**)
- 2.4. Recovery position with head elevated, if no suspected spinal injury or mechanism
- 2.5. Consider cooling measures if febrile (loosen blankets and/or remove excessive clothing)
- 2.6. **Blood Glucose Level** (BGL), if necessary treat per protocol (**700-P03**)

### 3. ALS Treatment (for active seizure and/or status epilepticus)

- 3.1. Active Seizure without Vascular Access:
  - 3.1.1. **Midazolam 0.1mg/kg IM**, not to exceed a total dose of 5 mg
  - 3.1.2. After IM midazolam establish **Vascular Access (IV)**, TKO
  - 3.1.3. If unable to establish IV access and patient has continued seizure, **Midazolam 0.1mg/kg IM**, not to exceed a total dose of 5 mg
- 3.2. Active Seizure with Vascular Access (IV):
  - 3.2.1. **Midazolam 0.1mg/kg IV**, (slowly titrated to effect in increments of no more than 2.5 mg; not to exceed a total dose of 5 mg)
- 3.3. Post Seizure:
  - 3.3.1. **Vascular Access (IV)**, TKO
  - 3.3.2. If patient has a recurrent seizure; **Midazolam 0.1mg/kg IV**, (slowly titrated to effect in increments of no more than 2.5 mg; not to exceed a total dose of 5 mg)
- 3.4. **BASE CONTACT**: if additional Midazolam above 5 mg total is needed

### 4. Pertinent Assessment Findings

- 4.1. New onset of seizure or seizure refractory to medication administration assess for other causes of seizure including trauma, stroke, electrolyte abnormality, toxic ingestion, pregnancy with eclampsia, hyperthermia

### 5. Key Documentation Elements

- 5.1. Active seizure(s) witnessed by care providers during patient care
  - 5.1.1. Duration and type of seizure witnessed
- 5.2. Presence of eye deviation during/after seizure
- 5.3. Presence of periods of apnea, cyanosis, vomiting, bowel/bladder incontinence, or fever



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- 5.4. Medications administered by non-EMS personnel
  - 5.5. Neurologic status including GCS, pupil size, focal neurological deficits, signs of stroke
  - 5.6. Blood glucose level