

Kittitas County Prehospital EMS Protocols

SUBJECT: PEDIATRIC SEIZURES

- A. Establish and maintain airway.
- B. Administer O₂ @ 12-15 lpm per non-rebreather mask. If not tolerated, administer blow-by oxygen.
- C. Allow the child to assume a position of comfort.
- D. Determine if seizure is febrile etiology. If so, administer **Acetaminophen** 15 mg/kg (oral).
- E. Consider ambulance versus family transport in febrile seizures, after consultation with hospital (regardless of mode of transport, pediatric seizure patients must be evaluated by a physician).
- F. If seizure activity persists, or repetitive seizures:
 1. Establish peripheral IV access with Isotonic Crystalloid @ TKO.
 2. After two unsuccessful attempts at peripheral venipuncture, and patient remains unconscious, consider intraosseous infusion.
- G. Consider the following:
 1. **Lorazepam**, 0.05 mg/kg IV or IM, not to exceed 2 mg. May repeat in 10-15 minutes.
 2. If not able to establish an IV or an IV would delay care then administer **Lorazepam**, 0.05 – 0.1 mg/kg rectal, not to exceed 4 mg OR Midazolam 0.1-0.2 mg IN. May repeat in 10-15 minutes.
 3. If **Lorazepam** is not effective, administer **Midazolam** (see protocol for pediatric dosage)
 - 1-1.5 mg IV, IO, or IM
 - 0.1-0.2 mg/kg IN

NOTE: If medications prove ineffective at controlling status seizure activity, consider RSI to protect airway and ensure adequate oxygenation.