

Kittitas County Prehospital Care Protocols

Subject: PEDIATRIC SEIZURES

General

- 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.
- 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 0.9% NaCl @ 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. **Lorazepam**, 0.05 – 0.1 mg/kg Rectal, not to exceed 4 mg. May repeat in 10-15 minutes.
 3. **Diazepam**, 0.3-0.5 mg/kg IV, IO, or rectally.

Effective Date: February 19, 2014 (rev.)

Medical Program Director: Signed copy on file.