



POLICY PEDIATRIC M7 SEIZURES

Effective Date: May 16, 2018

Last Review Date: October 3, 2011

Next Review Date: May 2021

Authority: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

DEFINITION:

Status Seizures – any actively seizing patient who has been seizing for more than 10 minutes, or an actively seizing patient with recurrent seizures and no reawakening in between seizures. First time seizures in pediatric patients can be febrile in nature. Assess temperature of patient, if available, and address elevated temperatures with cooling measures (e.g. remove clothing, unwrap blankets, and use cold packs if necessary).

BLS TREATMENT:

OXYGEN: as appropriate, goal to maintain SPO2 at least 94%; Assists ventilations as necessary.

POSITION & VITALS: If not contraindicated by injuries, place patient in left lateral decubitus position. Assess vitals, monitor airway and ventilatory effort – assist ventilations as needed

BLOOD SUGAR CHECK: Test blood sugar if < 60 mg/dl refer to Pediatric M5 ALOC Policy

ALS TREATMENT:

MONITOR: treat rhythm as appropriate

BLOOD SUGAR CHECK: Test blood sugar if < 60 mg/dl refer to Pediatric M5 ALOC Policy

IV/IO ACCESS: TKO.

MIDAZOLAM: If the patient is in status seizures, give 0.1 mg/kg IV/IO (max dose 5 mg) or 0.2 mg/kg IN/IM (max dose 5 mg) if no immediate IV/IO access.

CONSIDERATIONS:

Manage airway with aggressive BLS techniques (suction, airway adjuncts, BVM) if necessary ALS providers may use approved supraglottic airway to secure airway.

Refer to length based assessment tape for drug doses and proper equipment sizes.