

8.10 PEDIATRIC SEIZURE

BLS Treatment
<ul style="list-style-type: none">• Position of comfort.• NPO.• Assess circulation, airway, breathing, and responsiveness.• Oxygen as indicated.• Provide Spinal Motion Restriction as indicated or position of comfort as indicated.• Appropriately splint suspected fractures/instability as indicated.• Bandage wounds/control bleeding as indicated.• Transport in left lateral recumbent position if no C-spine injury is suspected.• Cooling measures if fever present.
ALS Treatment
<p>Current American Heart Association Guidelines concerning Emergency Cardiac Care assessments and interventions shall always take precedence over local protocols when there is a conflict concerning techniques of resuscitation.</p>
<ul style="list-style-type: none">• IV or IO of Normal Saline at TKO.• Check blood glucose. If blood glucose <60 mg/dl: administer Dextrose.• If no IV or IO access: administer Glucagon.• For Status Epilepticus: administer Midazolam.• If patient has Diastat rectal gel for home use, this may be substituted for IN, IV or IO Midazolam solution. Administer Diastat rectal gel by inserting a syringe tip (no needle) into rectum. Hold or tape buttocks for 5 minutes to prevent spillage of Diastat from rectum. Follow prescription dosing directions.
Base Hospital Contact Criteria
Requests for additional Midazolam if Status Epilepticus continues after second dose.