



Seizure



Medical (Pediatric)

CRITERIA

- Any child observed in an active seizure

PROTOCOL

EMR	Follow <i>General – Universal Patient Care/Initial Patient Contact Protocol</i> .	EMR
EMT	Obtain blood glucose level.	EMT
	If suspected narcotic overdose, see <i>Medical – Altered Mental Status (Pediatric) Protocol</i> .	
	If patient is hypoglycemic (glucose level less than 40 mg/dL in newborns & neonates, 60 mg/dL in older pediatrics), see <i>Medical – Altered Mental Status (Pediatric) Protocol</i> .	
[I]	If actively seizing, administer: Lorazepam (Ativan) 0.1 mg/kg IV, IM up to 1 mg ; repeat dose in 5 minutes if seizure activity continues up to a total dose of 2 mg or Midazolam (Versed) 0.1 mg/kg IN to a maximum single dose of 2 mg followed by up to 1 mg every 2 minutes until seizure activity stops up to a total dose of 5 mg.	[I]

PEARLS

- Immediate transport is indicated in the following instances:
 - The patient has inadequate airway, breathing, or circulation
- DO NOT** place objects in patient’s mouth or attempt to pry jaws open; **DO NOT** place fingers in patient’s mouth
- Lorazepam/Ativan* has a longer duration of seizure control, but *Midazolam/Versed* is faster acting
- When selecting a medication for treatment of the seizure, the provider may select the medication option of their choice based on delivery route available and assessment findings
- IN medication may be given and then an IV may be considered for potential subsequent seizure activity; ensure maximum doses of medication are not exceeded regardless of the method(s) of delivery used