





Pediatric Seizures

- I. Follow **1.1 General Pre-Hospital Care -Treatment Protocol**.
- II. For focal seizure contact Medical Control
- III. **IF PATIENT IS ACTIVELY SEIZING (GENERALIZED TONIC CLONIC):**
 - A. Protect patient from injury.
 - B. Maintain airway and provide supplemental oxygen
 -  C. Administer **midazolam** according to the MI-MEDIC cards
 - a. If MI-MEDIC unavailable administer **midazolam** 0.1mg/kg IM maximum individual dose 10 mg.
 - b. If IV established prior to seizure activity administer **midazolam** 0.05 mg/kg IV/IO maximum single dose of 5 mg.
 - c. Monitor SpO₂, EKG and waveform capnography (per **7.24 End Tidal Carbon Dioxide Monitoring-Procedure Protocol**) after **midazolam** administration.
 - D. Consider trauma if evidence or suspicion of trauma treat according to applicable protocol in addition to stopping the seizure.
 -  E. Check blood glucose (may be MFR skill, see **7.21 Blood Glucose Testing-Procedure Protocol**).
 -  a. If high or low refer to protocol **1.100 Diabetic Emergencies**
 -  F. If seizure persists 10 minutes after initial dose of midazolam and correction of low blood glucose repeat one time midazolam (per MCA selection)

Pre radio **midazolam** administration (without Medical Control contact)





Post radio **midazolam** administration (contact Medical Control prior to administration.

i. 0.1mg/kg IM maximum single dose of 10 mg

OR

ii. If IV already available 0.05 mg/kg IV/IO maximum single dose of 5 mg.

-  F. If seizures persist after second dose, consider underlying causes and contact Medical Control for further instructions.
- IV. For PATIENT NOT CURRENTLY SEIZING, monitor and treat known underlying causes, if possible:
 -  b. A. *Check blood glucose (may be MFR skill, see **7.21 Blood Glucose Testing-Procedure Protocol**) and treat as outlined in protocol **1.100 Diabetic Emergencies***
 - B. Check temperature and refer to **4.6 Pediatric Fever-Treatment Protocol** if applicable.
 - C. Monitor oxygenation and mental status, administer oxygen to maintain 94%, including ventilatory support as needed according to the **7.9 Airway Management- Procedure Protocol**
 - a. For patients with respiratory depression and high suspicion opioid involvement, administer **naloxone** per **1.9 Opioid Overdose Treatment and Prevention-Treatment Protocol**.



Oakland County Medical Control Authority
OBSTETRICS AND PEDIATRICS
PEDIATRIC SEIZURES

Initial Date: 8/31/2023

Revised Date:

Section: 4-7

- D. Consider trauma, if evidence or suspicion treat according to applicable protocol.
- E. Keep environment safe for the child, padding around the patient, if possible

Medication References

Midazolam

Naloxone

Protocol Source/Reference: Michigan 4.7 Pediatric Seizures; Version 5/26/23.