

*Michigan*  
**Pediatric Treatment Protocols**  
**PEDIATRIC SEIZURES**

Date: November 15, 2012

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***Pediatric Seizures***

**Pre-Medical Control**

**MRF/EMT/SPECIALIST/PARAMEDIC**

1. Follow **Pediatric Assessment and Treatment Protocol**.
2. **IF PATIENT IS ACTIVELY SEIZING:**
  - A. Protect patient from injury.
  - B. Do not force anything between teeth.

**SPECIALIST/PARAMEDIC**

- C. Start an IV/IO NS KVO.
- D. Measure blood glucose level.
- E. If glucose is less than 60 mg/dl, administer Dextrose.
  - a. Dextrose 12.5% for neonates, (under 1 month of age) 4 ml/kg IV/IO\*.
  - b. Dextrose 25% for children up to 12 years old, 2 ml/kg IV/IO\*.

\*The IO route is a last resort if IV cannot be established and glucagon is not available with online Medical Control approval.

**PARAMEDIC**

- F. Administer Midazolam 0.1mg/kg IM, maximum individual dose 10 mg prior to IV start, if patient is actively seizing
- G. If IV established and Midazolam IM has not been administered, administer Midazolam, Lorazepam or Diazepam per MCA selection.

**Medication Options:**

**(Choose One)**

- |  |
|--|
| <input type="checkbox"/> Midazolam 0.05 mg/kg IV/IO, maximum individual dose 5 mg  |
| <b>OR</b>  |
| <input type="checkbox"/> Lorazepam - 0.1 mg/kg IV/IO, max single dose 4 mg, may repeat in 5 minutes if seizure activity continues; not to exceed 0.2 mg/kg total (maximum of 8 mg) |
| <b>OR</b>  |
| <input type="checkbox"/> Diazepam - 0.1 mg/kg IV/IO or 0.5 mg/kg rectally (maximum individual dose 10 mg)  |

- H. If seizures persist, per MCA selection, repeat Midazolam, Lorazepam or Diazepam at the same dose or contact medical control for further instructions.

**MFR/EMT/SPECIALIST/PARAMEDIC**

1. **IF PATIENT IS NOT CURRENTLY SEIZING, BUT HAS ALTERED MENTAL STATUS REFER TO ALTERED MENTAL STATUS PROTOCOL.**

**NOTE:**

To obtain Dextrose 12.5%, discard 37.5 ml out of one amp of D50, then draw 37.5 ml of NS into the D50 amp; administer as indicated above.

To obtain Dextrose 25%, discard 25 ml out of one amp of D50, then draw 25 ml of NS into the D50 amp; administer as indicated above.

MCA Name  
MCA Board Approval Date  
MDCH Approval Date  
MCA Implementation Date



**Section 3-12**