



PEDIATRIC SEIZURES



Escambia County, Florida - ALS/BLS Medical Protocol

This protocol should be used when the patient has witnessed continuous convulsions or repeating episodes without regaining consciousness or sufficient respiratory compensation.

Consider underlying etiology, such as: fever, hypoxia, head trauma, infection of brain and spinal cord (e.g. meningitis), hypoglycemia, and intoxication.

Supportive Care

1. [Medical Supportive Care Protocol](#). Apply gentle support of the patient's head to avoid trauma and loosen tight fitting clothing.

ALS Level 1

2. If seizure continues, administer [Lorazepam](#) (Ativan) 0.05mg/kg to 0.1 mg/kg (maximum 4 mg) IM. If IV is available prior to seizure, administer Lorazepam (Ativan) 0.05 mg/kg to 0.1 mg/kg (maximum 4 mg) IV.
3. Perform [glucose test](#) with finger stick. If glucose is below 60 mg/dL, administer: if <8 years: D25 2 ml/kg IV/IO; if >8 years: D50 1 ml/kg IV/IO (a) (b).

ALS Level 2 (*Physician Authorization Required*)

4. If seizure continues for 10 minutes, administer [Lorazepam](#) (Ativan) 0.05 mg/kg to 0.1 mg/kg (maximum 4 mg) IM. If IV is available prior to seizure, administer Lorazepam (Ativan) 0.05 mg/kg to 0.1 mg/kg (maximum 4 mg) IV.



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Notes

- (a) For newborns and infants, perform heel stick. In newborns, if blood glucose is <40 mg/dL, administer D10 5 ml/kg IV/IO (dilute D50 1:4 with Ringers Lactate = D10).
- (b) To avoid infiltration and resultant tissue necrosis, Dextrose 10%, 25%, and 50% should be given slow IV with intermittent aspiration of IV/IO line to confirm IV/IO patency followed by saline flush.



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