


Section: Pediatric Medical  
Subject: SEIZURES  
Section #: 343.22  
Issue Date: March 21, 2011  
Revision Date: December 1, 2017  
Approved By: 

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1. Basic ALS Treatments
2. Specific ALS treatments:<sup>1</sup>
  - a. Position the patient to avoid an injury
  - b. If possible, place in the left lateral decubitus position
  - c. All seizure patients should receive supplemental oxygen to maintain oxygen saturation >94%
  - d. Benzodiazepine: (midazolam is preferred, but use what is available.)
    - i. **Midazolam**<sup>2</sup> (intranasal is an acceptable route of delivery<sup>3</sup>)
      1. 0.2 mg/kg (maximum 5.0 mg) IN/IV/IO/IM now and then q10 min times two PRN
      2. Maximum total dose = 15 mg
    - ii. **Diazepam**, if no response to midazolam
      1. 0.2 mg/kg (maximum 8 mg) IV/IO now and then q 10 min times two
      2. Maximum total dose = 24 mg
3. After the first dose of benzodiazepine, check the patient for hypoglycemia.
  - a. If hypoglycemia is present, treat per **HCFR PEDIATRIC HYPOGLYCEMIA** protocol
4. Reaching the maximum dose on a benzodiazepine is an indication of a complex patient, and you need to leave the scene if you have not already done so.
5. Contact Medic-1:
  - a. For doses of **midazolam** beyond 0.6 mg/kg
  - b. For doses of **diazepam** beyond 0.6 mg/kg
6. QA Points:
  - a. Never wait for longer than a few minutes of continuous seizure activity before beginning antiepileptic therapy.
  - b. Spinal precautions are not routinely necessary in all seizure patients.
  - c. The classical definition of status epilepticus is a single seizure lasting continuously for more than 30 minutes, or two or more seizures with no recovery of normal mental status and function in between episodes. The operational definition of status epilepticus in the pre-hospital setting should be simplified, and includes any seizure that continues from the initial 911 call until HCFR arrives on the scene, or any patient who remains postictal on our arrival and then experiences another seizure.

<sup>1</sup> Chamberlain, James M., et al. "Lorazepam versus Diazepam for Pediatric Status Epilepticus: A Randomized Clinical Trial." JAMA, the Journal of the American Medical Association, no. 16, 2014, p. 1652.

<sup>2</sup> Rainbow J. Controlling seizures in the prehospital setting: diazepam or midazolam? *J Paediatr Child Health* - 01-DEC-2002; 38(6): 582-6

<sup>3</sup> Holsti M. Prehospital intranasal midazolam for the treatment of pediatric seizures. *Pediatr Emerg Care* - 01-MAR-2007; 23(3): 148-53