

Pediatric Seizures

- ABCs
- Oxygen 100%, Monitor ETCO₂
- Secure IV
- Check Istat Glucose and lytes

①

Ativan 0.05-0.1 mg/kg IV (give over 1 minute.) or IM.
May repeat in 10 min. if needed @ 0.05 mg/kg.

or

Versed 0.05-0.15 mg/kg IV (give over 1 minute) or IM.

②

or

Valium 0.05-0.3 mg/kg IV (give over 1 minute).

③

Airway
Adequate
?

No

See Pediatric Intubation Protocol ③

Yes

Glucose
< 60 mmol
?

Yes

D25% 1-2 ml/kg IV (infant up to age 3), give over 1-2 minutes slowly

or
D50% 1 ml/kg IV (age 3 and greater), give over 1-2 minutes slowly

④

No

Continued
Seizures
?

Yes

Cerebyx 15-20 mg/kg IV at 100 mg/minute.

⑤

⑥

No

Still
Seizing
?

Yes

Phenobarbital 20 mg/kg IV, give < 30mg/minute.

⑦

No

Temp
?

Yes

Tylenol 15 mg/kg PO or Motrin 10 mg/kg PO

⑧

No

- Monitor Airway, Temp, Glucose ⑨
- Place foley or U-bag collector
- Position patient on side during seizure activity

Characteristics of Febrile Seizures

- * Convulsions with Temp > 38 degrees C
- * Child older than 6 months and < 6 years
- * No Central Nervous System Infection
- * No Acute metabolic abnormality
- * No history of Seizure Disorder

1. Low Blood Sugar can be the cause of the seizing. Make sure to rule out. Check lytes.
2. **Versed given IM** works in 3.3 minutes.
3. Priority is to give **Ativan, Versed or Valium** over glucose or intubation. BVM as needed.
4. Reassess glucose at least every 20 minutes following treatment.
5. Drug of choice for Head Injuries with seizures is **Ativan or Versed**.
6. **Cerebyx can be given IM**. However IM is not recommended for status epilepticus
7. **Phenobarb can be repeated in 15-20 minutes at 10mg/kg x 2. Maximum dose is 40mg/kg.**
8. Look for underlying cause of Temp. Give **Rocephin 50-75 mg/kg IV** if Medical Direction agrees.
9. Run **D5% NS** at maintenance rate- see Pediatric Fluid Maintenance Protocol.