STANISLAUS COUNTY EMS AGENCY POLICIES AND PROCEDURES

APPROVED: <u>SIGNATURE ON FILE IN EMS OFFICE</u> Executive Director

SIGNATURE ON FILE IN EMS OFFICE Medical Director

EFFECTIVE DATE 7/01/2011 SUPERSEDES: REVISED: REVIEW DATE: 7/2016 PAGE: 1 of 1

PEDIATRIC SEIZURES

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMTs and Paramedics within their scope of practice.
- III. PROTOCOL: Status Seizures means an actively seizing child who has been seizing for more than ten (10) minutes or an actively seizing child with recurrent seizures, with no reawakening in between seizures.

STANDING ORDERS	
ASSESS	CAB
OXYGEN	Oxygen delivered as appropriate.
MONITOR	Treat rhythm as appropriate.
IV/IO ACCESS	TKO with micro-drip tubing and volume control chamber.
ACCUCHECK	Test for glucose.
DEXTROSE	If blood glucose is less than 60mg/dl: Less than 1 year - D10 5ml/kg IV/IO >1 to 14 years D10 150 mL (15gms) IV/IO. Give oral glucose to patients who are awake and have an intact gag reflex. Recheck blood glucose in 5 minutes.
GLUCAGON	If blood glucose is less than 60mg/dl and no IV/IO access immediately available. 0.5 mg – less than 1 years 1.0 mg – 1 year or greater
STATUS SEIZURES	
MIDAZOLAM	0.1 mg/kg IV/IO (maximum dose: 5 mg) OR If unable to establish IV after one attempt, give 0.2 mg/kg IM (Maximum dose: 5 mg). May repeat once in 10 minutes if seizures continue.