

POLICY: 555.32  
TITLE: Pediatric Status Seizure

EFFECTIVE: 07/01/2024  
REVIEW: 07/2027  
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 2

## PEDIATRIC STATUS SEIZURE

- I. AUTHORITY  
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE  
To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.
- III. PROTOCOL  
An actively seizing child who has been seizing for more than ten minutes OR an actively seizing child with recurrent seizures with no reawakening between seizures.

**Provider Key: F = First Responder/EMR      E = EMT      O = EMT Local Optional SOP**  
**P = Paramedic                                      D = Base Hospital Physician Order Required**

	F	E	O	P	D
<b>ASSESSMENT</b>	X	X	X	X	
<b>POSITION:</b> gently support head of child to avoid injury. Loosen tight fitting clothing.	X	X	X	X	
<b>BLS AIRWAY:</b> okay if airway patent. Support ventilations with appropriate airway adjuncts.	X	X	X	X	
<b>SUPRAGLOTTIC AIRWAY:</b> if GCS is < 8 and not rapidly improving, consider SGA.				X	
<b>PULSE OXIMETRY:</b> apply and monitor.		X	X	X	
<b>CAPNOGRAPHY:</b> apply and monitor if SGA has been placed.				X	
<b>OXYGEN:</b> 100% by non-rebreather mask or blow-by.	X	X	X	X	
<b>VASCULAR ACCESS:</b> IV/IO, rate as indicated.				X	
<b>MIDAZOLAM:</b> Do not delay for IV/IO access. <ul style="list-style-type: none"> <li>IM/IN: 0.2 mg/kg up to 10 mg. May repeat if seizure continues every 5 minutes, max total dose 20 mg.</li> <li>IV/IO: 0.1 mg/kg up to 5 mg every 2 minutes until seizure stops or max total dose 10 mg.</li> </ul>				X	
<b>ECG MONITOR:</b> lead placement may be delegated. Treat as indicated.				X	
<b>TEST FOR GLUCOSE</b>		X	X	X	
<b>D10:</b> 2-4 mL/kg IV/IO if blood sugar < 70 mg/dL for age > 28 days old or 2 mL/kg IV/IO if blood sugar < 40 mg/dL age ≤ 28 days old. Recheck blood glucose 10-minutes post infusion and repeat as needed.				X	
<b>GLUCAGON:</b> If no IV/IO access and unable to tolerate oral glucose, give 0.05 mg/kg IM (max 1 mg) if blood glucose < 70 mg/dL. Recheck blood glucose 10 minutes post injection. If blood glucose remains < 70 mg/dL, repeat dose.				X	

	F	E	O	P	D
<b>CONSIDER</b>					
<b>NALOXONE:</b> one spray pre-packaged IN (typically 2 – 4 mg) for respiratory depression. If opioid overdose is suspected, may repeat every 2 – 3 minutes in alternating nostrils, to a total of 12 mg. Consider alternate cause of obtundation/respiratory depression if ineffective.		X	X	X	
<b>NALOXONE:</b> 0.1 mg/kg IN/IV/IO/IM if mental status and respiratory effort are depressed and the child is not a newborn and there is a suspicion of opioid overdose. Maximum single dose 2 mg. Repeat every 5 minutes if indicated.				X	
<b>CONSIDER CAUSES</b>					
555.41 PEDIATRIC NON-TRAUMATUC SHOCK and 555.82 PEDIATRIC TRAUMA AND TRAUMATIC SHOCK 555.51 PEDIATRIC POISONING 555.53 PEDIATRIC OVERDOSE Head Trauma – refer to 555.82 PEDIATRIC TRAUMA AND TRAUMATIC SHOCK					