

Pediatric Medical Emergency Protocol

Seizures

A. Assessment

- Seizure: onset, duration, type, post-seizure level of orientation
- Medical: head trauma, diabetes, headaches, drugs, alcohol, seizures
- Physical: seizure activity, level of consciousness, incontinence, head and mouth trauma, vital signs

B. Treatment

Cool patient if febrile

1. Oxygen 100 % and airway maintenance appropriate to patient's condition (intubate prn)
2. Evaluate cardiac rhythm
3. Check blood sugar level - (if < 40 mg /percent, administer Dextrose (D50) 1cc/kg and dilute 1:1 with NS.
4. IV NS KVO

CONTACT MEDICAL CONTROL, CONSIDER:

- ♦ Valium 0.2-0.5mg/kg @ 1mg/min, if IV is unsuccessful, administer rectally to max. dose of 5 mg for children <5 yrs. or 10 mg for children >5 yrs. or until seizure stops as follows:

1.	Locate rectal opening
2.	Advance a TB syringe (without the use of a needle), until half of the barrel is in the rectal vault
3.	Gently inject 0.5 mg/kg up to a max. of 10 mg into the rectal vault, then withdraw the syringe
4.	Hold the buttock together while observing the area for reflux of the Valium from the rectum.
5.	If not done previously, check blood sugar and if < 40 mg %, contact medical control.