



PEDIATRIC SEIZURES

- A. Perform **Initial Treatment / Universal Patient Care Protocol** and follow the proper protocol for medical management based on clinical presentation.
- B. Protect patient from injury and place on left side.
- C. Obtain history to help determine origin of seizure:
1. Febrile – Refer to **Fever Protocol 6409**
 2. Trauma – Refer to **Initial Treatment / Universal Patient Care Protocol**
 3. History of seizures in the past and is patient taking any anti-seizure medications.
- D. If child is actively seizing:
1. Protect airway. **DO NOT** attempt insertion of airway adjuncts.
 2. Calm caregiver's fears.
 3. Obtain key information and prepare for transport.
 4. Quickly assess serum glucose and treat per **Diabetic Emergencies Protocol 6604**.
 5. If glucose level is < 60 mg/dl or cannot be determined, contact MCP to consider administration of oral glucose. 
 6. Expedite transport and contact **Medical Command**.
 7. If seizure lasts longer than five (5) minutes **or** two (2) or more episodes of seizure activity occur between which the patient does not regain consciousness, request ALS backup without delaying transport and meet en route.
 8. If seizure continues, further treatment as **ordered by Medical Command**. 
- E. If child is not actively seizing:
1. Monitor vital signs closely and be alert for recurrence of seizure.
 2. Transport.
 3. Perform remaining assessment as indicated and contact **Medical Command**