

# Pediatric Emergencies

## P-8 Pediatric Seizure

**Priorities**  
 Primary Survey  
 Prevent trauma  
 Early notification of receiving hospital  
 Treat fever if necessary

Stabilize airway using appropriate BLS adjuncts

**Oxygen** – High flow if tolerated  
 Pulse Oximetry  
 Cardiac Monitor  
 IV/IO Access  
 Check Blood Glucose

**If patient is actively seizing**

**Midazolam** 0.1mg/kg IV/IO/IM/IN to a max single dose of 4mg  
 May repeat x1 if seizure persists or returns after 2 minutes from initial dose.

Base Hospital Physician Order needed for any additional doses.

**For blood glucose <50mg/dl in patients <1 year old**  
**Dextrose 10%** 0.5g/kg (5mL/kg) IV/IO to max dose of 25g (250mL)

**For blood glucose <60m/dl in patients 1-14 years old**  
**Dextrose 10%** 0.5g/kg (5mL/kg) IV/IO to max dose of 25g (250mL)

For fever >100.4°F/38°C and patient is alert and has gag reflex:

Consider **Acetaminophen** 15mg/kg PO  
 Max dose 650mg PO

**Contraindications to Acetaminophen**

- Liver disease
- Taken acetaminophen-containing products within last 4 hours
- Infant: Taken >45mg/kg in past 24 hours
- Child <40kg: Taken >60mg/kg in past 24 hours
- Child >40kg: Taken >2,400mg in past 24 hours

**Dextrose Dosage Calculations**

Dextrose 10% is the preferred concentration. If Dextrose 10% is not available, please use the doses below for other concentrations.

D10% 5mL/kg (max 250mL)  
 0.5g/kg (max 25g) = D25% 2mL/kg (max 100mL)  
 D50% 1mL/kg (max 50mL)

**DISRUPTED COMMUNICATIONS**

In the event of a “disrupted communications” situation, Solano County Paramedics may NOT utilize all portions of this treatment protocol without Base Hospital Contact as needed to stabilize an immediate patient.