History
- Reported or witnessed seizure
- Previous seizure history
- Medical alert tag
- Seizure medications
- History of trauma
- History of diabetes
- History of pregnancy
- Time of seizure onset
- Document number of seizures
- Alcohol use, abuse, or abrupt cessation
- Fever

Signs and Symptoms
- Altered mental status
- Sleepiness
- Incontinence
- Observed seizure activity
- Evidence of trauma
- Unconscious
- Incontinence

Differential
- Head trauma
- Metabolic, hepatic or renal failure
- Tumor
- Hypoxia
- Electrolyte abnormality
- Drugs or medication non-compliance
- Infection or sepsis
- Alcohol withdrawal
- Eclampsia
- Stroke
- Hyperthermia
- Hypoglycemia

**Treatment Guidelines**

---

**Pediatric Seizure**

**History**
- Reported or witnessed seizure
- Previous seizure history
- Medical alert tag
- Seizure medications
- History of trauma
- History of diabetes
- History of pregnancy
- Time of seizure onset
- Document number of seizures
- Alcohol use, abuse, or abrupt cessation
- Fever

**Signs and Symptoms**
- Altered mental status
- Sleepiness
- Incontinence
- Observed seizure activity
- Evidence of trauma
- Unconscious
- Incontinence

**Differential**
- Head trauma
- Metabolic, hepatic or renal failure
- Tumor
- Hypoxia
- Electrolyte abnormality
- Drugs or medication non-compliance
- Infection or sepsis
- Alcohol withdrawal
- Eclampsia
- Stroke
- Hyperthermia
- Hypoglycemia

---

**Flowchart**

**Actively seizing?**

- **No**
  - Loosen any constrictive clothing and protect airway
  - Blood glucose analysis if GCS is < 15 OR baseline is not normal
  - Spinal immobilization procedure if indicated
  - **Consider**, IV
  - Cardiac monitor
  - If patient begins seizing in the presence of EMS and treatment is indicated, give Midazolam IV/IM/IN
  - Use Pediatape and refer to dosing guide
  - May repeat every 3 to 5 minutes for continued seizure activity
  - **Max 5mg total**

- **Yes**
  - Loosen any constrictive clothing and protect airway
  - If patient is seizing upon EMS arrival, give Midazolam IM/IN; do not wait to obtain IV or IO access.
  - Use Pediatape and refer to dosing guide
  - May repeat every 3 to 5 minutes for continued seizure activity
  - **Max 5mg total**

**E**

**P**

**Consider Altered Mental Status**
- TG if indicated
- OR if postictal state monitor and reassess

**Status Epilepticus?**

- **No**
  - **Monitor and reassess**

- **Yes**
  - Notify receiving facility. Contact Base Hospital for medical direction
  - **MD**

**Midazolam**
- Contact Base Hospital Physician for additional order
Pearls

- **Simple febrile seizures are most common in ages 6 months to 5 years of age. They are, by definition, generalized seizures with no seizure history in the setting of any grade of fever, with an otherwise normal neurologic and physical exam. Any seizure confirmed to last for more than five (5) minutes should be treated with medication.**
- Addressing the ABCs and verifying blood glucose is as important as stopping the seizure.
- Be prepared to assist ventilations, especially if Midazolam is used. Avoiding hypoxemia is extremely important.
- In an infant, a seizure may be the only evidence of a closed head injury.
- Status epilepticus is defined as two or more successive seizures without a period of consciousness or recovery. This is a true emergency requiring rapid airway control, treatment and transport.
- Assess for the possibility of occult trauma and substance abuse, overdose, or ingestion/toxins.