



Pediatric Seizure



History

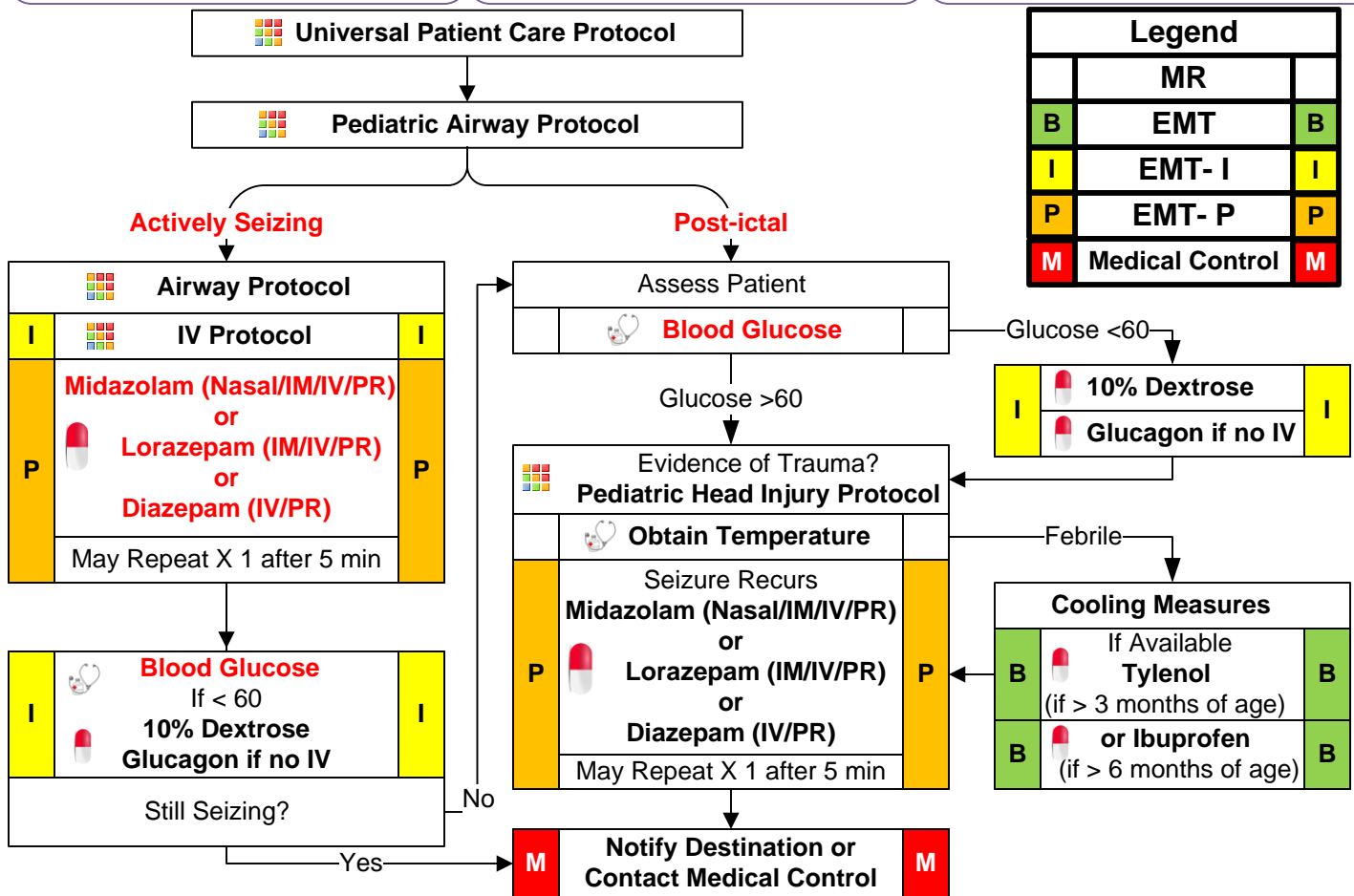
- Fever
- Prior history of seizures
- Seizure medications
- Reported seizure activity
- History of recent head trauma
- Congenital abnormality

Signs and Symptoms

- Observed seizure activity
- Altered mental status
- Hot, dry skin or elevated body temperature

Differential

- **Fever**
- **Infection**
- **Head trauma**
- **Medication or Toxin**
- **Hypoxia or Respiratory failure**
- **Hypoglycemia**
- **Metabolic abnormality / acidosis**
- **Tumor**



Pediatric and OB Protocols

Pearls

- **Recommended Exam: Mental Status, HEENT, Heart, Lungs, Extremities, Neuro**
- **Items in Red Text are key performance measures used to evaluate protocol compliance and care**
- **Addressing the ABCs and verifying blood glucose is more important than stopping the seizure**
- **Avoiding hypoxemia is extremely important**
- **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.
- **Grand mal seizures (generalized)** are associated with loss of consciousness, incontinence, and tongue trauma.
- **Focal seizures (petit mal)** effect only a part of the body and do not usually result in a loss of consciousness.
- **Jacksonian seizures** are seizures which start as a focal seizure and become generalized.
- Be prepared to assist ventilations especially if a benzodiazepine is used.
- If evidence or suspicion of trauma, spine should be immobilized.
- In an infant, a seizure may be the only evidence of a closed head injury.
- **Rectal Diazepam/Fentanyl/Lorazepam:** Draw drug dose up in a 3 ml syringe. Remove needle from syringe and attached syringe to an IV extension tube. Cut of the distal end of the extension tube leaving about 3 or 4 inches of length. Insert tube in rectum and inject drug. Flush extension tube with 3 ml of air and remove.