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|  | COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY | Document # | 9008.01 |
| | <u>PROGRAM DOCUMENT:</u> Pediatric Seizures – Applies ONLY to the PediDOSE Trial Study for Sacramento FD | Initial Date: | 03/06/23 |
| | | Last Update: | 10/24/24 |
| | | Effective Date: | 10/24/24 |
| | | Next Review Date: | TBD |

 EMS Medical Director

 EMS Administrator

Purpose:

- A. To establish treatment standards for pediatric patients exhibiting signs and symptoms of active seizures.
- B. This policy, 9008.sp applies specifically to the National Institutes of Health PediDOSE trial with collaboration between UC Davis Medical Center and Sacramento City Fire. The initiation and termination dates of this policy will be determined by the trial study leadership and will be set in the policy when the trial is scheduled to begin.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Protocol:

- A. During transport, warm and maintain normal temperature, being careful to avoid hyperthermia.
- B. For any Altered Level of Consciousness (ALOC), consider AEIOUTIPS:

- Alcohol Trauma
- Epilepsy Infection
- Insulin Psychiatric
- Overdose Stroke or Cardiovascular
- Uremia

| BLS |
|---|
| <ol style="list-style-type: none"> 1. Supplemental O₂ as necessary to maintain SpO₂ ≥ 94%. Use the lowest concentration and flow rate of O₂ as possible. 2. Airway adjuncts as needed. 3. Protect the patient from further injury. 4. Transport. |
| ALS |
| <ol style="list-style-type: none"> 1. Advanced Airway adjuncts as needed. 2. Initiate cardiac and pulse oximetry monitoring. 3. If seizure activity has stopped and the level of consciousness is improving or remaining constant, continue standard care and transport. |

4. If active seizure continues, use **MIDAZOLAM 5mg/mL concentration IM or IN (not IV)**.
5. **For age and dosing, please reference the Pedidose Reference Card at the bottom of this policy.**
6. Perform blood glucose check. If blood glucose \leq 60 mg/dl, treat per PD# 9007 – Pediatric Diabetic Emergencies.
7. If hypotensive, initiate IV access and give Normal Saline 20 mL/kg over 15 minutes. Repeat as needed x 1 and titrate to an age-appropriate minimum Systolic Blood Pressure.


NOTES:

1. In the event Midazolam is not available, follow SCEMSA policy PD# 9008 – Pediatric Seizures.
2. For the purposes of the PediDOSE study, Midazolam is to be administered **ONLY** in the event that **ACTIVE** seizures are observed by the EMS provider.

**Intranasal medications are to be delivered through an atomization device with one-half the indicated dose administered in each nostril.

Cross reference: PD# 2032 – Controlled Substance
PD# 9007 – Pediatric Diabetic Emergencies
PD# 9008 – Pediatric Seizures
PD# 9016 – Pediatric Parameters

PEDIDOSE UPDATE OCTOBER 2024



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|--------------|----------------------------------|----------------------------------|
| 12-13 years | 10mg = 2ml max 10mg | |
| 6-11 years | 5mg = 1ml max 10mg | |
| 17 mo -5 yrs | 2.5mg = 0.5ml max 5mg | |
| 12-16 months | 1.25mg = 0.25ml max 5mg | |
| 6 months | IM 0.8mg = 0.15ml max 4mg | IN 1.6mg = 0.3ml max 6mg |
| Newborn | IM 0.4mg = 0.08ml max 4mg | IN 0.8mg = 0.15ml max 6mg |

2 new protocol changes:

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|--------------|--------------------------------|
| 17 mo -5 yrs | 2.5mg = 0.5ml max 5mg |
| 12-16 months | 1.25mg = 0.25ml max 5mg |