STATUS SEIZURE (P22)

An actively seizing child who has been seizing for more than ten minutes OR an actively seizing child with recurrent seizures with no reawakening between seizures.

	F	Ε	0	Р	D
ASSESSMENT	Х	Χ	Χ	Χ	
POSITION: gently support head of child to avoid injury. Loosen tight fitting	Х	Х	Х	x x	
clothing.	^	^		^	
BLS AIRWAY: okay if airway patent. Support ventilations with appropriate	Х	Х	Х	Х	
airway adjuncts.					
SUPRAGLOTTIC AIRWAY: if GCS is < 8 and not rapidly improving, consider				Χ	
SGA.		\ <u>\</u>	V	\ <u>'</u>	
PULSE OXIMETRY: apply and monitor.		Х	Χ	X	
CAPNOGRAPHY: apply and monitor if SGA has been placed.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\ \		X	
OXYGEN: 100% by non-rebreather mask or blow-by.	Х	Χ	Χ	X	
VASCULAR ACCESS: IV/IO, rate as indicated.				Χ	
MIDAZOLAM: Do not delay for IV/IO access.					
IM/IN: 0.2 mg/kg up to 10 mg. May repeat if seizure continues every 5				V	
minutes, max total dose 20 mg.				X	
IV/IO: 0.1 mg/kg up to 5 mg every 2 minutes until seizure stops or max					1
total dose 10 mg.				V	
ECG MONITOR: lead placement may be delegated. Treat as indicated. TEST FOR GLUCOSE		\ <u>\</u>	\ <u> \</u>	X	
		Х	Χ	Χ	
D10: 2-4 mL/kg IV/IO if blood sugar < 70 mg/dL for age > 28 days old or 2 mL/kg IV/IO if blood sugar < 40 mg/dL age ≤ 28 days old. Recheck blood				Х	1
glucose 10-minutes post infusion and repeat as needed.				^	1
CONSIDER	<u> </u>				
NALOXONE: one spray pre-packaged IN (typically 2 – 4 mg) for respiratory					
depression. If opioid overdose is suspected, may repeat every 2 – 3 minutes in					1
alternating nostrils, to a total of 12 mg. Consider alternate cause of		Х	Χ	Χ	1
obtundation/respiratory depression if ineffective.					1
NALOXONE: 0.1 mg/kg IN/IV/IO/IM if mental status and respiratory effort are					
depressed and the child is not a newborn and there is a suspicion of opioid				Χ	
overdose. Maximum single dose 2 mg. Repeat every 5 minutes if indicated.					1
CONSIDER CAUSES					
NON-TRAUMATUC SHOCK P40 and TRAUMA AND TRAUMATIC SHOCK P82					
POISONING P50					
OVERDOSE P51					
Head Trauma - refer TRAUMA P82					

EFFECTIVE: November 1, 2023

Provider Key: F = First Responder/EMR

P = Paramedic

E = EMT O = EMT Local Optional SOP

D = Base Hospital Physician Order Required