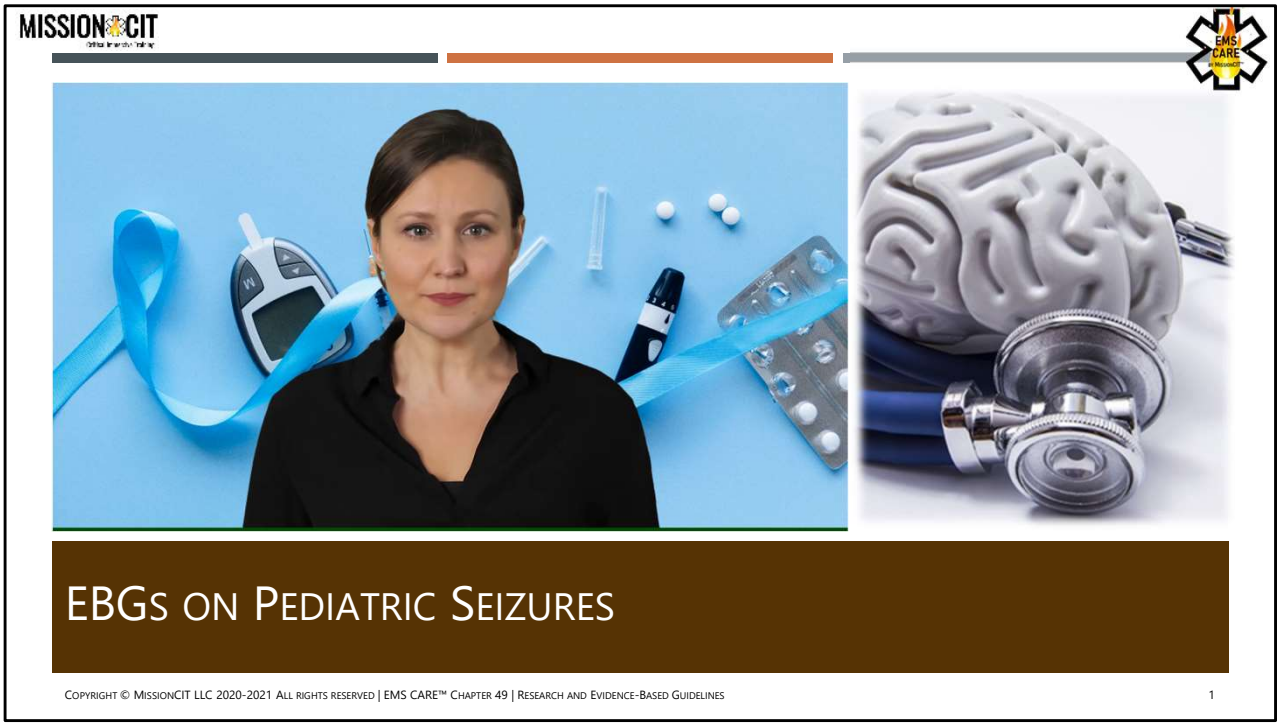
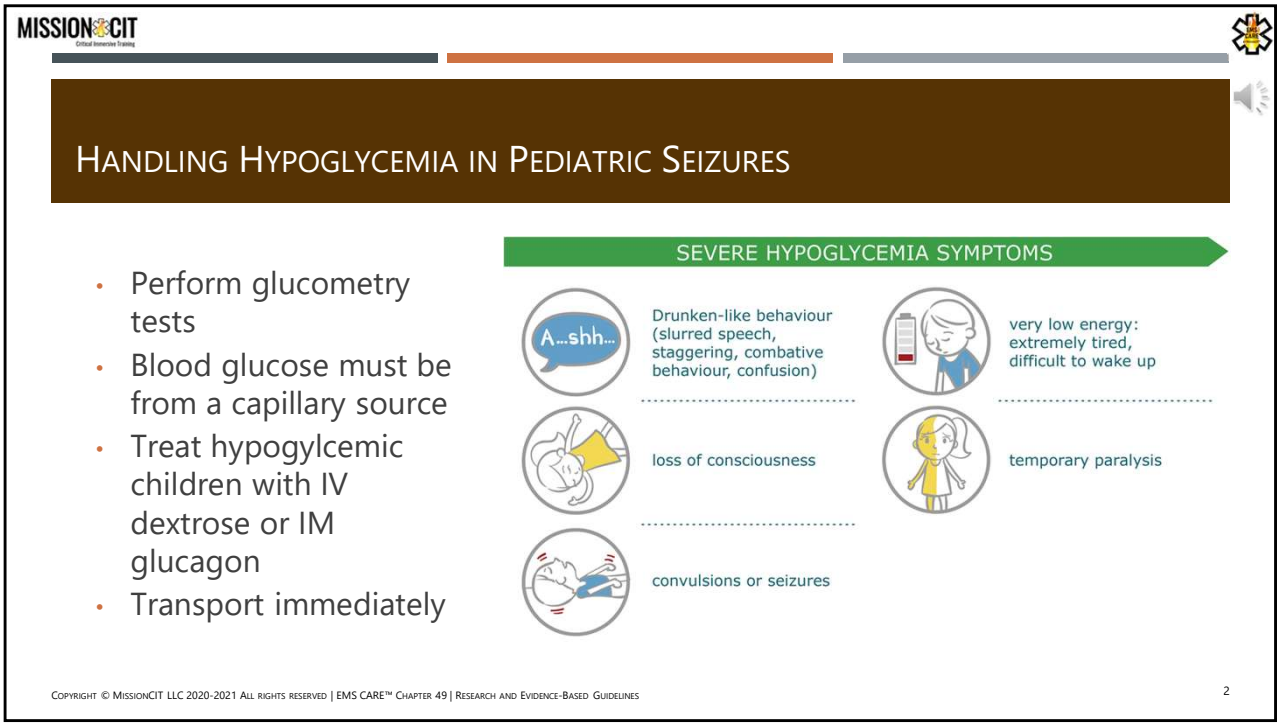


Thank you, Justin!

In this lesson, we will discuss the recommendations for pediatric seizures, a high-incidence condition in the pre-hospital setting. Also, be aware that the chances for patient morbidities and mortalities are high if these seizures are not managed well. Hence, let's look at some recommendations that can lead to a positive outcome.

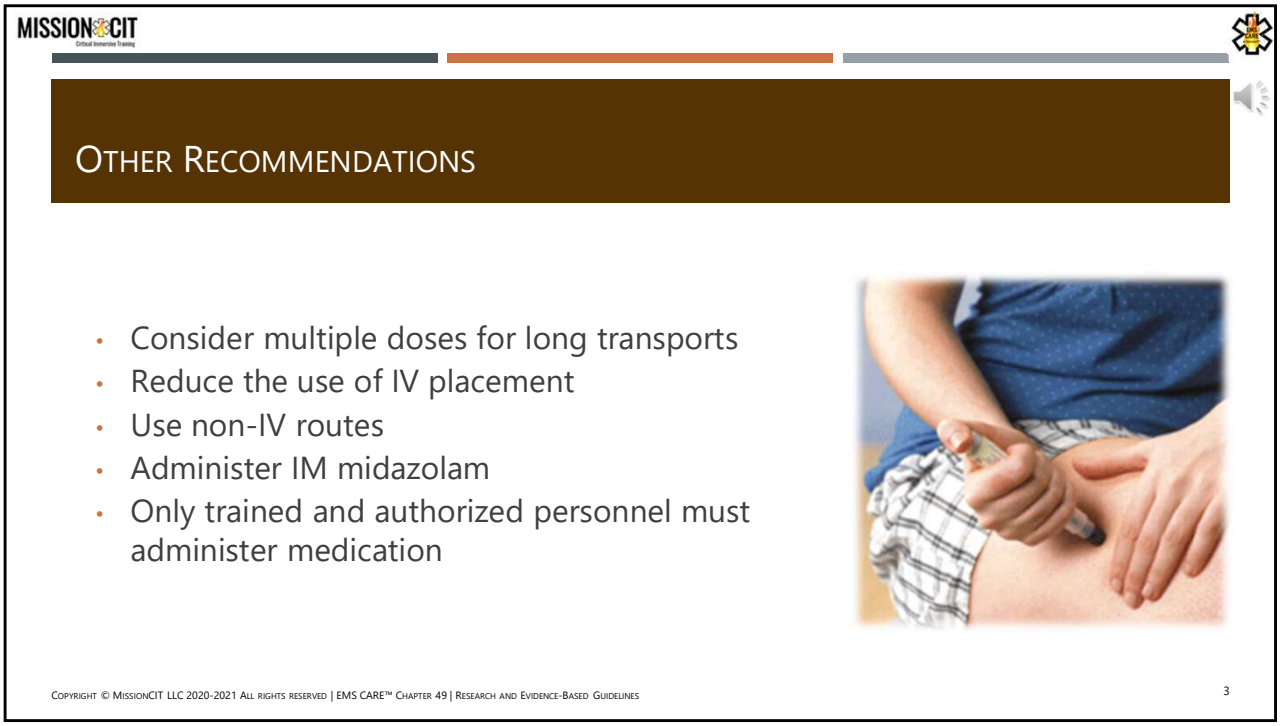


The panel makes the following recommendations based on scientific evidence to favorably alter the outcome of pre-hospital care in pediatric patients suffering from hypoglycemia and seizures:

- Perform glucometry tests to assess hypoglycemia, especially if young patients are suffering from diabetes, subject to the local laws and protocols.
- The blood glucose must be checked from a capillary source as a venous check is less preferred for hypoglycemia.
- Children with hypoglycemia must be treated with IV

dextrose or IM glucagon

- Patients with low hypoglycemia and seizure must be transported to an emergency department, regardless of whether they return to baseline mental status after administering dextrose or glucagon.



Other recommendations in this regard are:

- For long transports, consider multiple doses of anticonvulsants, IV fluids, and other medications
- At the same time, reduce the use of IV placement to minimize the possibility of the recurrence of seizures or any other adverse events
- The panel recommends the use of non-IV routes of drug administration as the first line of therapy for epileptic children
- The panel suggests administering IM midazolam instead of PR diazepam

- Further, the panel states that trained and authorized pre-hospital personnel must administer medication without any online medical direction

With these recommendations, we come to the end of this lesson, and in the next one, Justin will talk about EBGs on transport and triage.