



Michigan

Revised Date: 05/26/2023 _____ 03/31/2025

Section: 4-7.

Pediatric Seizures

- I. Follow **General Pre-Hospital Care** — **Treatment Protocol**.
 II. For focal **seizures**, contact Medical Control.
 III. **IF PATIENT IS ACTIVELY SEIZING (GENERALIZED TONIC-CLONIC):**
 A. Protect patient from injury.
 B. Maintain airway and provide supplemental oxygen.
 C. Administer **midazolam** according to the **MI-MEDIC cards**.
 a. If **MI-MEDIC** is unavailable, administer **midazolam 0.4 mg/kg IM**, maximum **single dose 10 mg**.
 b. If IV established prior to seizure activity, administer **midazolam 0.05 mg/kg**.
 ii. —IV/IO, maximum single dose of 5 mg.
 c. Monitor **SpO2**, EKG, and waveform capnography (**per End**).

Tidal Carbon

- iii. Dioxide Monitoring - Procedure Protocol) after midazolam administration-
- D. Consider trauma if: If evidence or suspicion of trauma, treat according to D. - applicable protocol in addition to stopping the seizure-treating seizures
-  Check blood glucose (may be MFR skill, see **Blood Glucose Testing** - Procedure Protocol.)
-   i. Start IV/IO if needed
-   b. Administer **dextrose** according to MI-MEDICS CARDS MEDIC when:
- i. ≤ 2 months old and blood glucose is <40 mg/dL
- ii. ≥ 3 months old and blood glucose is <60 mg/dL
1. iii. If **MI-MEDIC** cards are unavailable, utilize the table below

Color	Age	Weight	Dose	Concentration	Volume		Concentration	Volume
Grey	0-2 months	3-5 kg (6-11 lbs.)	2.5g	Dextrose 12.5%	20 mL	OR	Dextrose 10%	25 mL
Pink	3-6 months	6-7 kg (13-16 lbs.)	3.25g	Dextrose 25%	13 mL	OR	Dextrose 10%	33 mL

MCA Name:

MCA Board Approval Date:

MCA Implementation Date:

MDHHS Approval: 5/26/263/31/25

Page 1 of 5

MDHHS Reviewed ~~2023-2025~~



Bureau of Emergency
Preparedness, EMS
and Systems of Care

Michigan
OBSTETRICS AND PEDIATRICS
PEDIATRIC SEIZURES

Initial Date: 11/2012

Revised Date: 05/26/2023 03/31/2025

Section: 4-7

Red	7-10 months	8-9 kg (17-20 lbs.)	4.25g	Dextrose 25%	17 mL	OR	Dextrose 10%	43 mL
Purple	11-18 months	10-11 kg (21-25 lbs.)	5g	Dextrose 25%	20 mL	OR	Dextrose 10%	50 mL
Yellow	19-35 months	12-14 kg (26-31 lbs.)	6.25g	Dextrose 25%	25 mL	OR	Dextrose 10%	63 mL
White	3-4 years	15-18 kg (32-40 lbs.)	8g	Dextrose 25%	32 mL	OR	Dextrose 10%	80 mL
Blue	5-6 years	19-23 kg (41-50 lbs.)	10g	Dextrose 25%	40 mL	OR	Dextrose 10%	100 mL
Orange	7-9 years	24-29 kg (52-64 lbs.)	12.5g	Dextrose 50%	25 mL	OR	Dextrose 10%	125 mL
Green	10-14 Years	30-36 kg (65-79 lbs.)	15g	Dextrose 50%	40 mL	OR	Dextrose 10%	150 mL



iii. c. If unable to start IV, administer **glucagon** IM/IN (if available per MCA selection), (may be EMT skill per MCA selection).

Glucagon administration

☐ **Not included**

Glucagon IM

A. Patients < than 5 years of age
administer **glucagon** 0.5 mg IM

B. Patients ≥ 5 years of age administer
glucagon 1 mg IM

Glucagon IN

A. Patients < than 5 years of age
administer **glucagon** 0.5 mg IN

B. Patients ≥ 5 years of age
administer **glucagon** 1 mg IN



Paramedic



Specialist



EMT



MCA Name:

MCA Board Approval Date:

Page 2 of 5

MCA Implementation Date:

MDHHS Approval: 5/26/2023/31/25

MDHHS Reviewed 2023-2025

Formatted: Ligatures: None

Formatted: Normal, Tab stops: 3", Centered + 6", Right

Formatted: Font: Times New Roman, Ligatures: None

Formatted: Font: Arial, 10 pt

Formatted: Font: Arial, 10 pt

Formatted: Font: Arial, 10 pt

Formatted: Font: Arial, 10 pt

Formatted: Font: Arial, 10 pt

Formatted: Font: Arial, 10 pt

Formatted: Font: Arial, 10 pt

Formatted: Normal, Indent: Left: 0.5"

Formatted: Not Expanded by / Condensed by

Formatted: Font: Not Bold, Not Expanded by / Condensed by

Formatted: Not Expanded by / Condensed by

Formatted: Font: Not Bold, Not Expanded by / Condensed by

Formatted: Not Expanded by / Condensed by

Formatted: List Paragraph, Numbered + Level: 3 +
Numbering Style: i, ii, iii, ... + Start at: 1 + Alignment: Right
+ Aligned at: 1.38" + Indent at: 1.5"

Formatted: Ligatures: None

Formatted: Normal

Formatted: Font: Not Bold, Ligatures: None

Formatted: Ligatures: None

Formatted: Font: Bold, Ligatures: None

Formatted: Normal, Tab stops: Not at 3.65"

Formatted: Ligatures: None

Formatted: Normal, Tab stops: 3", Centered + 6", Right

Formatted: Ligatures: None

Formatted: Ligatures: None

Formatted: Font: +Body (Aptos), 12 pt

Formatted: Indent: First line: 0"



Bureau of Emergency
Preparedness, EMS
and Systems of Care

Michigan
OBSTETRICS AND PEDIATRICS
PEDIATRIC SEIZURES

Initial Date: 11/2012

Revised Date: 05/26/2023 03/31/2025

Section: 4-7

Formatted: Ligatures: None

Formatted: Normal, Tab stops: 3", Centered + 6", Right

Formatted: Font: Times New Roman, Ligatures: None

1. ~~d~~ If **MI-MEDIC** is unavailable, utilize the table below

Glucagon administration per MCA Selection

☐ Not included

	<u>Glucagon IM</u> <u>*Injectable formulation ONLY*</u>	<u>Glucagon IN</u> <u>*Intranasal formulation ONLY*</u>
	A. Patients < 5 years of age administer <u>glucagon 0.5 mg IM</u> B. Patients > 5 years of age administer <u>glucagon 1 mg IM</u>	A. Patients < 5 years of age Do NOT <u>Administer</u> B. Patients > 5 years of age administer <u>glucagon 3 mg IN</u>
<u>EMT</u>	☐	☐
<u>Specialist</u>	☐	☐
<u>Paramedic</u>	☐	☐

*INTRANASAL GLUCAGON ADMINISTRATION: Only glucagon that is FDA-approved for nasal administration (e.g., Baqsimi(R)) may be given by IN route. Injectable glucagon is not to be administered via IN route. EMS clinicians may assist family/patient care givers in administering glucagon that is FDA-approved for IN use, if prescribed for the patient (regardless of age).

F. If seizure persists 10 minutes after initial dose of **midazolam** and correction of low blood glucose, repeat ~~one time midazolam~~ one time (per MCA selection)

Formatted: List Paragraph, Numbered + Level: 2 +
Numbering Style: A, B, C, ... + Start at: 1 + Alignment: Left +
Aligned at: 0.75" + Indent at: 1", Hyphenate, Tab stops:
Not at -0.5" + 0" + 0.5"

Formatted: Font: Bold

☐ Pre-radio **midazolam** administration (without Medical Control
contact)



☐ Post-radio **midazolam** administration (contact Medical Control prior
to administration)

Formatted: Ligatures: None

Formatted: Normal

Formatted: Font: Not Bold, Ligatures: None

Formatted: Ligatures: None

Formatted: Font: Bold, Ligatures: None

Formatted: Normal, Tab stops: Not at 3.65"

Formatted: Ligatures: None

Formatted: Normal, Tab stops: 3", Centered + 6", Right

Formatted: Ligatures: None

Formatted: Ligatures: None

Formatted: Font: +Body (Aptos), 12 pt

Formatted: Indent: First line: 0"

☐ Pre radio **midazolam** administration (without Medical Control
contact)



☐ Post radio **midazolam** administration (contact Medical Control)

MCA Name: _____

MCA Board Approval Date: _____

Page 3 of 5

MCA Implementation Date: _____

MDHHS Approval: 5/26/2023/31/25

MDHHS Reviewed 2023-2025



Michigan
OBSTETRICS AND PEDIATRICS
PEDIATRIC SEIZURES

Initial Date: 11/2012

Revised Date: 05/26/2023 03/31/2025

Section: 4-7

Formatted: Ligatures: None

Formatted: Normal, Tab stops: 3", Centered + 6", Right

Formatted: Font: Times New Roman, Ligatures: None

i. 0.4mg1 mg/kg IM, maximum single
dose of 10 mg

OR

ii. If IV already available, 0.05 mg/kg IV/IO, maximum single dose
of 5 mg.



F. If seizures persist after second dose, consider underlying causes and contact

G. Medical Control for further instructions.

IV.4. For ~~IF PATIENT IS NOT CURRENTLY ACTIVELY SEIZING~~, monitor and treat
known underlying causes, if possible.



A. Check blood glucose (may be MFR skill, see **Blood Glucose Testing** -

Procedure

A. **Protocol**) and treat as outlined above (**III.3. E.**).

i. If patient is altered and blood glucose <60 mg/dL:

1. Altered, able to swallow, AND 3 months old or older -

Administer oral glucose

a. 2. Not Alert - administer oral glucose when dextrose
according to **MI-MEDIC** or table above

i. < 2 months old and blood glucose is <40 mg/dL

ii. > 3 months old and blood glucose is <60 mg/dL

B. Check temperature and refer to **Pediatric Fever - Treatment Protocol**, if
applicable.

C. Monitor oxygenation and mental status, administer oxygen to maintain
94%-96% SpO₂, including ventilatory support as needed according to the
Airway Management - Procedure Protocol

a. For patients with respiratory depression and high suspicion of opioid
involvement, administer naloxone per **Opioid Overdose Treatment**
and

i. **Prevention - Treatment Protocol**

D. Consider trauma; if evidence or suspicion of trauma, treat according to
applicable protocol.

E. Keep environment safe for the child/patient, padding around the patient, if
possible

NOTE:

NOTES:

MCA Name:

MCA Board Approval Date:

MCA Implementation Date:

MDHHS Approval: 5/26/2023/31/25

MDHHS Reviewed 2023-2025

Page 4 of 5

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted: Not Expanded by / Condensed by

Formatted

Formatted

Formatted: Not Expanded by / Condensed by

Formatted

Formatted

Formatted: Not Expanded by / Condensed by

Formatted

Formatted

Formatted: Not Expanded by / Condensed by

Formatted

Formatted: Not Expanded by / Condensed by

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted: Ligatures: None

Formatted: Normal

Formatted: Font: Not Bold, Ligatures: None

Formatted: Ligatures: None

Formatted: Font: Bold, Ligatures: None

Formatted: Normal, Tab stops: Not at 3.65"

Formatted: Ligatures: None

Formatted: Normal, Tab stops: 3", Centered + 6", Right

Formatted

Formatted: Font: +Body (Aptos), 12 pt

Formatted: Indent: First line: 0"



Michigan
OBSTETRICS AND PEDIATRICS
PEDIATRIC SEIZURES

Initial Date: 11/2012

Revised Date: 05/26/2023 03/31/2025

Section: 4-7

1. Instructions for diluting **dextrose**:

a-A. To obtain **dextrose** 10%, discard 40 ml out of one amp of D50,
then draw up 40 ml of NS into the D50 ampule

b-B. To obtain **dextrose** 12.5%, discard 37.5 ml out of one amp of D50,
then draw 37.5 ml of NS into the D50 amp; ampule

c-C. To obtain **dextrose** 25%, discard 25 ml out of one amp of D50, then
draw 25 ml of NS into the D50 amp-ampule

b-D. May utilize 10% for all ages 5 ml/kg (0.5 gm/kg) up to 250 ml,
according to **Dextrose-Medication Protocol**

2. 2- To avoid extravasation, a patent IV must be available for IV administration of
dextrose. **Dextrose** should always be pushed slowly (e.g., over 1-2 minutes).

Medication Protocols

Dextrose

Glucagon

Midazolam

Naloxone

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

Formatted

MCA Name:

MCA Board Approval Date:

Page 5 of 5

MCA Implementation Date:

MDHHS Approval: 5/26/2023/31/25

MDHHS Reviewed 2023-2025