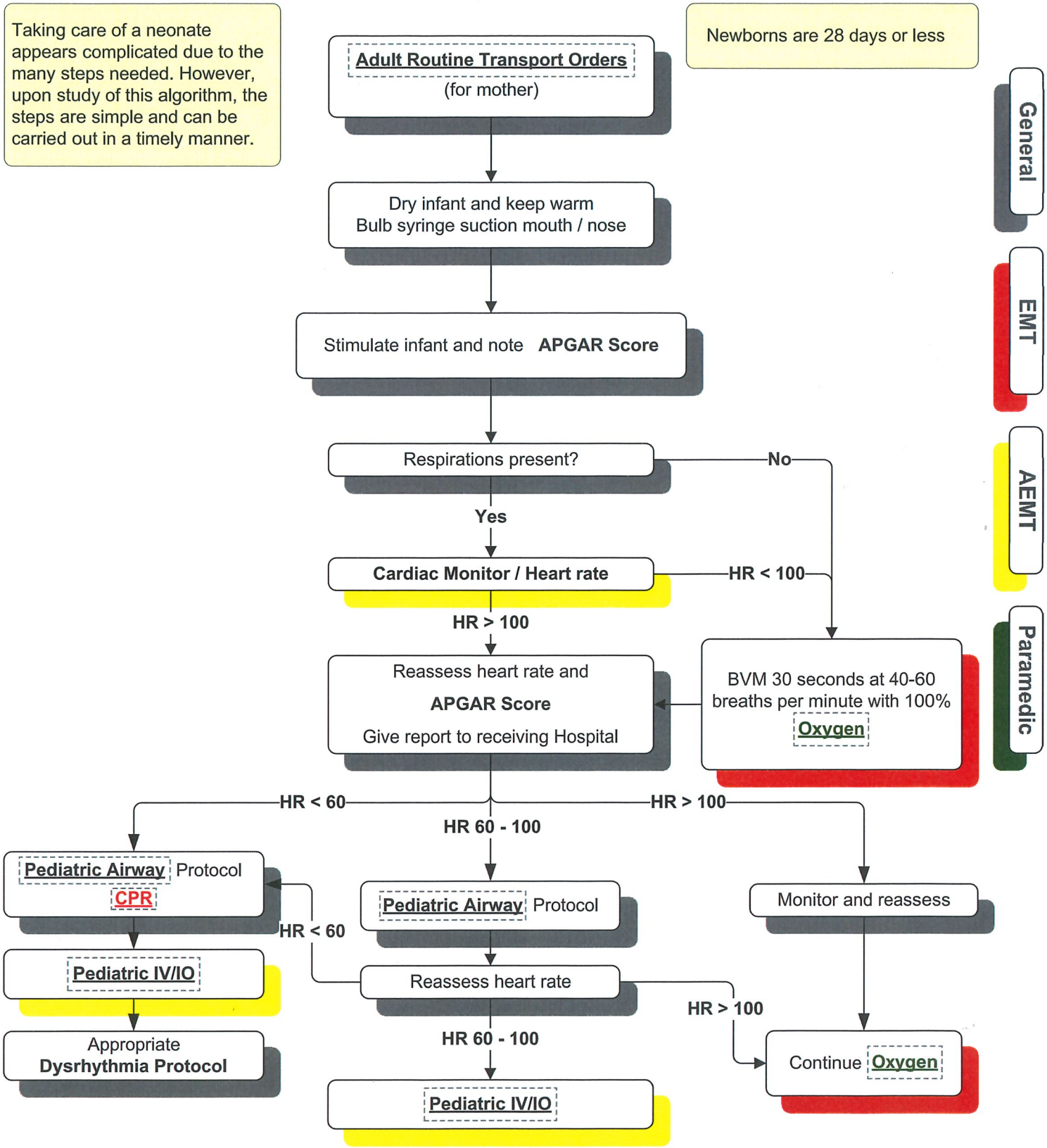
Pediatric Neonatal Care

Pediatric Neonatal

Taking care of a neonate appears complicated due to the many steps needed. However, upon study of this algorithm, the steps are simple and can be carried out in a timely manner.

Newborns are 28 days or less



Pediatric Meningitis

Pediatric Neurological

Signs of meningeal irritation include

Infants	Children
poor feeding	headache
high-pitched cry	vomiting
bulging fontonelle	fever
irritable, fussy	nuchal rigidity
poor suck	seizures
toxic appearance	coma
lethargy	photophobia
vomiting	
temperature instability	
seizures	

Routine Transport Orders-Pediatric

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Monitor neurological status closely
Appropriate infection control measures.

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Control seizures per **Pediatric Seizures** Protocol.

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Pediatric Airway Protocol

Intubate and ventilate at a rate of 10-20/min to maintain target SPO2 of 90% or higher and ETCO2 of 35-40 mmHg if signs of increased intracranial pressure.

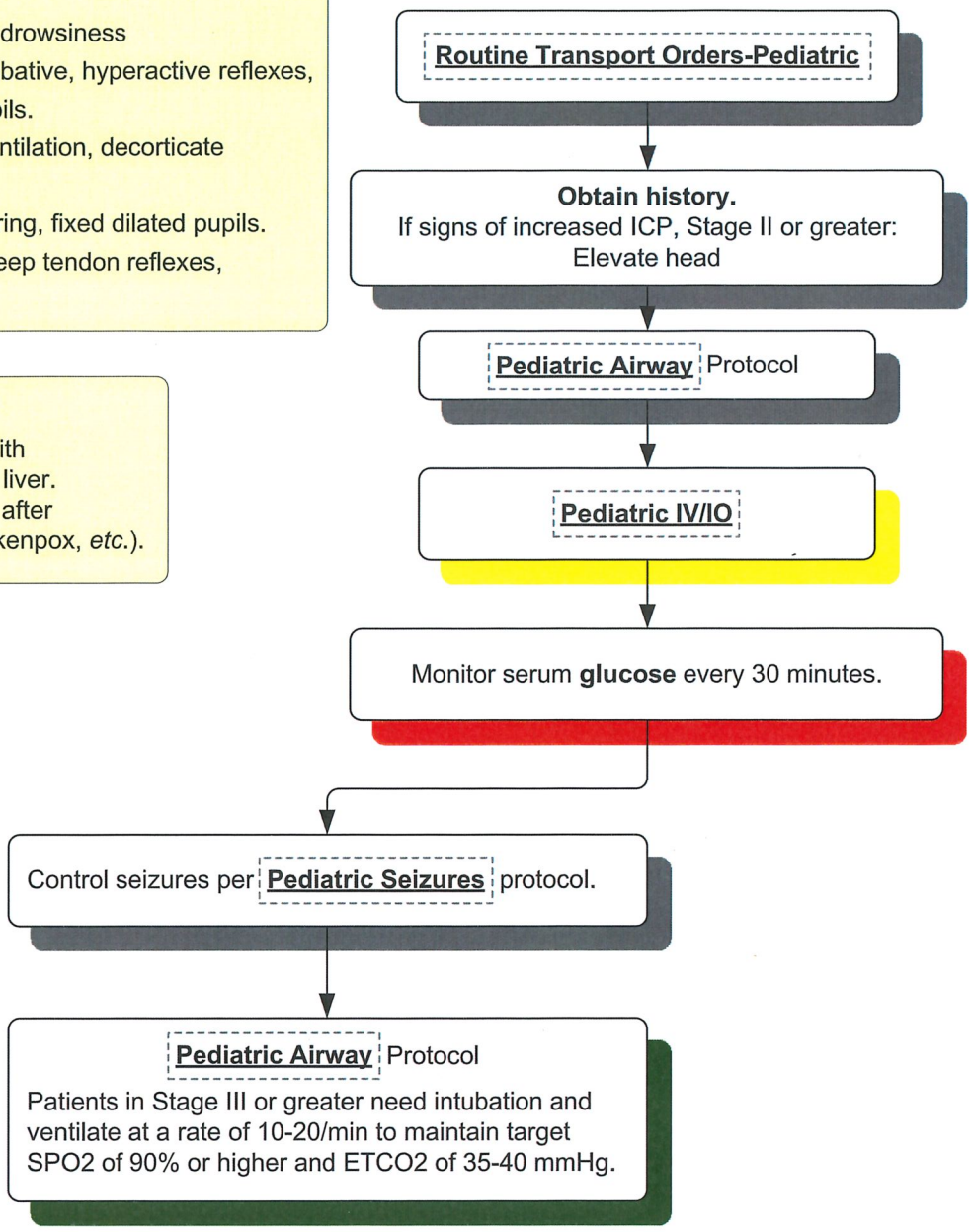
Pediatric Reyes Syndrome

Pediatric Neurological

Clinical Stages

I. Vomiting, lethargy, drowsiness
II. Disorientation, combative, hyperactive reflexes, dilated reactive pupils.
III. Obtunded, hyperventilation, decorticate posturing.
IV. Decerebrate posturing, fixed dilated pupils.
V. Seizures, loss of deep tendon reflexes, flaccidity arrest.

Definition:
Acute encephalopathy with fatty degeneration of the liver. Usually follows 3-7 days after a viral infection (flu, chickenpox, *etc.*).



General
EMT
AEMT
Paramedic

Pediatric Seizures

Pediatric Neurological

Seizures can be largely classified into 2 types, generalized and partial seizures. Generalized seizures involve both cerebral hemispheres, while partial seizures involve only one cerebral hemisphere.

Possible causes for seizures in children include:
Noncompliance with medication(s) for treating epilepsy
febrile seizure
hypoglycemia anoxia
meningitis or encephalitis
lead intoxication
poisoning or overdose
brain tumor
head trauma Reyes Syndrome

Routine Transport Orders-Pediatric

Spinal Injury Assessment
If necessary

Position on side to prevent aspiration

If patient is having active seizure on EMS arrival
Midazolam (Versed)
(Preferred) IN dose see:
MAD Procedure
0.1 mg/kg IVP, IO
Maximum 2 mg per dose

Cardiac Monitor

Pediatric IV/IO

Febrile?

Pediatric Fever

No

Blood Glucose

Blood Glucose < 60 mg/dl

Dextrose 10% (D10) 5 ml/kg IVP, IO boluses until patient awake
&/or follow up blood sugar > 60 mg/dl **Maximum 100 ml**

Active Seizure?

Yes

Midazolam (Versed)
(Preferred) IN dose see:
MAD Procedure
0.1 mg/kg IVP, IO
Maximum 2 mg per dose
May be repeated in 5 minutes x 1
IN is preferred unless IV/IO access has already been obtained. If IV/IO in place then preferred route is IV/IO.

No

Evidence of Shock / Trauma?

Appropriate Protocol

Repeat Seizures or status?

Yes

General
EMT
AEMT
Paramedic

Pediatric Seizure-Diastat Home Treatment

Pediatric Neurological

Diastat (diazepam rectal gel) is an FDA-Approved treatment for seizures. When you respond to the home of a seizure patient, you may discover that the family has already administered Diastat or you may be asked to assist with the administration of Diastat. This is most likely to be for a pediatric patient but it is also prescribed for adult patients with a diagnosis of seizures.

Dose

Comes in fixed unit doses of 2.5, 5, 10,15, & 20 mg. The pediatric and adult tips are meant to be inserted to the hub. (If using adult tip for a pediatric, reduce insertion depth) A combination of syringes supplied may be used to achieve dose.

2-5 Years (0.5 mg/kg) 6-11 Years (0.3 mg/kg) 12 + Years (0.2 mg/kg)

6 -11 kg= 5 mg	10 – 18 kg= 5mg	14 – 27 kg= 5 mg
12 - 22 kg= 10 mg	19 – 37 kg= 10mg	28 - 50 kg= 10 mg
23 - 33 kg= 15 mg	38 – 55 kg= 15mg	51 - 75 kg= 15 mg
34 - 44 kg= 20 mg	56 – 74 kg= 20mg	76 - 111 kg= 20 mg

How to Administer

1.) Place patient on their side facing you.
2.) Remove cover and lubricate tip.
3.) Gently insert tip into rectum
4.) Slowly count to 3 while pushing plunger till it stops.
5.) Slowly count to 3 before removing syringe.
6.) Slowly count to 3 while holding buttocks together.
7.) Transport if seizures continue 15 min. (typical results in 5-15 min.
8.) Follow **Pediatric Seizures** Protocol.

Follow-up

Remind family or caretaker to observe the patient for the next 4 hours particularly for respiratory or color changes. Document that you assisted the family and note time and dose given. This medication is meant to allow the caregiver to quickly treat seizures often preventing an E.R. visit.

Side effects

- less than 1% incidence of respiratory depression
- 23% experience sleepiness
- other rare side effects include headaches and diarrhea