05-0809 – Pediatric Altered Neurological Function (Non-Traumatic)

AUTHORITY

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9

DEFINITION

Pediatric Altered Neurological Function

1. A state of awareness that is different than the infant/child's normal baseline level of behavior.
2. Neonate: infant less than one month of age.
3. Infant: infant one month to one year of age.
4. Pediatric: child one year of age to signs of puberty.

Precautions

1. IV dextrose comes in various concentrations. Double check concentration to ensure the appropriate dose.
2. Intravenous dextrose can cause severe tissue necrosis if IV becomes infiltrated. Monitor IV site closely when administering IV dextrose and discontinue immediately if swelling at IV site occurs.
3. Unless otherwise specified see Pediatric Drug Formulary for specific weight based dosages.

BLS

1. Ensure adequate oxygenation and maintain O2 saturations to at least 95%.
2. Be prepared to assist ventilations as needed.
3. Anticipate vomiting, have suction available.
4. Spinal immobilization if known or suspected trauma.
5. Recovery position if spinal precautions are not indicated.
6. Treat suspected hypoglycemia if child has adequate gag reflex and can hold head upright may give glucose paste orally.

ALS

1. Consider advanced airway if GCS is less than 8 and /or respiratory compromise.
2. Cardiac monitor, treat arrhythmias per current ACLS/PALS protocol.
3. Establish IV/IO NS, if hypotensive give fluid bolus per #05-0815 Pediatric Shock/Hypotension.
4. Check blood glucose and treat hypoglycemia as follows:
   a. **Neonates: D_{10} W**, 5 ml/kg IV if blood glucose is 40 mg/dl or less.
   b. **Infants: D25W**, 2 ml/kg IV if blood glucose is 60 mg/dl or less (or unobtainable), may repeat once in five (5) min if blood glucose is 60 mg/dl or less.
   c. **Peds: D25W**, 2 ml/kg IV if blood glucose is 75 mg/dl or less (or unobtainable), may repeat once in five (5) min if blood glucose is 75 mg/dl or less.
5. If pt has a blood glucose less than 75mg/dl (or unobtainable) and no IV access: Glucagon IM once.
6. If blood glucose is greater than 250 mg/dl treat with 20ml/kg normal saline fluid bolus.
7. Suspected narcotic overdose. Narcan 0.1mg/kg (IV, SQ, IM, IN). Titrate to spontaneous and adequate respirations. Maximum dose 2.0 mg.
8. For generalized tonic/clonic seizure activity: **Do not give whole dose if seizure stops during medication administration**.
   a. Diazepam: may titrate 0.2 mg/kg slow IVP to stop seizures. If no IV access, then may give 0.2mg/kg mg deep IM (slowly). If recurrent or persistent seizure activity, may repeat once to total of 10 mg IV/IM/IO with base hospital physician order. Rectal valium 0.5 mg/kg, may repeat once at 0.25 mg/kg, then per base hospital physician order for persistent or recurrent seizures.

   OR:

   b. Midazolam: For pediatric patients greater than 20 kg give 0.1mg/kg SIVP.
      i. Pediatric Rectal Administration: 0.3 mg/kg rectally for active seizures, may repeat once.

ii. If no IV access, may give 0.2 mg/kg IN, to a maximum of 10 mg. May repeat once to a total of 10 mg with base hospital physician order.

For pediatric patients less than 20 kg, consult base hospital physician for order

9. Consider ondansetron for nausea/vomiting.

Documentation

1. Reassessment of neurological status and response to treatment.
2. Skills and medications usage form as indicated.