

NAEMS 2026 Phoenix Children's
Simulance Scenario:



Seizure 7y Male

Mannikin: Danny (High Fidelity)

Rationale: To increase identification and treatment of pediatric seizures.
To emphasize detection of status epilepticus in the absence of tonic-clonic convulsions for prehospital intervention.

Patient Information: Danny is 7-year-old school age boy sitting at a table inside a restaurant. Danny is at a pizza place for a classroom Valentine's Day party. They have been running around, eating candy and playing games since they arrived, but now that they are sitting down waiting for the pizza and cake, the teacher notices Danny not acting right. He is sitting in the group with a blank stare, not responding to his name, and just not acting himself. The teacher is not able to get in contact with either of his parents. Teacher knows nothing about his medical history as he is a new student to the school.

Required/Recommended Equipment/Supplies:

1. Airway Supplies (NC, NRB)
2. IV access supplies & Med Administration Supplies
3. O2 Cylinder
4. Monitor (EKG, SpO2, EtCO2, BP)
5. Glucometer
6. Thermometer
7. Suction
8. Drug Box

DISPATCH:

*****ENGINE 1, RESCUE 1,**

1900 S KNOLES DRIVE FLAGSTAFF AZ 86011

ALTERED LEVEL OF CONSCIOUSNESS***

***PAUSE FOR 3-5 min – CREWS TO COORDINATE ROLE ASSIGNMENTS**

PTI:

AGE: 7 YEARS

MALE

CC: ALOC

Patient located in restaurant area. Not acting normal. RP attempting contact to parents. No HX available. Flagger will greet you.

***PAUSE FOR 3-5 min – CREWS TO DISCUSS AND ARRIVE ON SCENE**

SCENE SIZE UP:

You walk into Peter Piper Pizza and the employee greeter directs you to the table in the corner. You see patient sitting on the chair looking at the wall. Patient does not acknowledge the fire crew arrival.

HPI:

Teacher on scene states Danny and the kids have all been running around, eating candy and playing video games since they arrived about 45 minutes ago, but now that they are sitting down waiting for the pizza, she notices Danny not acting right. He is sitting at the table with a blank stare, not responding to his name, not interacting with the other kids and just not acting himself.

Danny is a new student to the school and the teacher does not know anything about his medical history. Teacher is not able to get in contact with either of his parents.

INITIAL ASESSMENT:

Weight: 55lbs (25kg)

Skin: Warm/Dry/Pink

CRT: <2sec

RR: 26

SpO2: 91%

Clear Bilateral – Symmetric Rise and Fall

GCS: 10 (Eye Spontaneous 4, Verbal None 1, Motor Localizes Pain 5)

HR: 165

BP: 133/84

Glu: 86 mg/dL

Temp: 37.5 C (99.5 F)

ANTICIPATED TREATMENT:

- Vital signs acquired
- Check Pupils
- Auscultate lung sounds
- Acquire temperature
- Acquire blood glucose level
- Provide O2 support
- Recognize elevated HR, BP, RR and SpO2
- MOVE PATIENT TO THE GROUND
- Initiate seizure protocol and treatment
- Administer IM/IN Benzodiazepine
 - Midazolam 0.2mg/kg IM/IN = 5mg
- Does not delay for IV insertion
- FAILURE TO IDENTIFY SEIZURE ACTIVITY INITIATES*

DECOMPENSATION ALGORITHM

- *BVM DUE TO RR 4bpm*
- *Status Tonic Clonic Severe*
- *Jaw clenched – No airway adjunct accepted*

SECONDARY ASSESSMENT: *POST 1st Dose Intervention*

Skin: Warm/Dry/Pink

CRT: <2sec

RR: 22

SpO₂: 88% without O₂ (94% on NC) (96% on NRB)

HR: 156

BP: 128/76

Temp: 37.5 C (99.5 F)

Pupils: UTO – Eyes Closed

GCS: 10

ANTICIPATED TREATMENT:

- O2 Support by NRB
- Administer 2nd Benzodiazepine IM/IN or IV
 - Midazolam 0.2mg/kg IM/IN = 5mg
- Consider IV Insertion*
- Administer IV medication if access obtained*
 - Lorazepam/Midazolam 0.1mg/kg IV/IO = 2.5mg
- Verbalize need for transport to hospital
- Continued Vital Signs
- Patch for additional meds if needed
- FAILURE TO IDENTIFY CONTINUED SEIZURE ACTIVITY*
INITIATES DECOMPENSATION ALGORITHM
 - *BVM DUE TO RR 4bpm*
 - *Status Tonic Clonic Severe*
 - *Jaw clenched – No airway adjunct accepted*

***PAUSE FOR PATCH/CN TO RECEIVING FACILITY**

FINAL ASSESSMENT: *POST 2nd dose intervention*

Skin: Warm/Dry/Pink

CRT: <2sec

RR: 18

SpO2: 96% Still on NRB

HR: 128

BP: 95/64

BG: 78 mg/dL

Pupils: PERRL

GCS: 13 (Eye Verbal 3, Verbal Confused 4, Motor Obeys 6)

=> *Crying, Confused, Verbal to Questions* <=

- *Sits Patient up and explains what happened*

- *DISCUSS/VERBALIZE WHAT TO DO IF PATIENT SEIZES AGAIN
IN TRANSPORT – PATCH FOR MORE MEDICATION
ADMINISTRATIONS*

***ARRIVE TO ED PATIENT ROOM – GIVE REPORT**

Seizures: Adult & Pediatric

Includes: Ongoing seizure upon EMS arrival or seizure lasting > 5 minutes, more than two seizures in one hour (AKA status epilepticus.)

Seizures in patients greater than 20 weeks of pregnancy or up to six weeks postpartum (regardless of the age of the patient) are managed with magnesium sulfate. See below.

EMT

- Initiate [Universal Care](#).
- Provide airway support as needed.
- Assess neurologic status (AVPU/GCS).
- If pregnant, place in left lateral recumbent position.
- Check blood glucose – refer to [Hypoglycemia](#) as indicated.

Paramedic

- If blood glucose <60 mg/dL, refer to [Hypoglycemia](#).
- Administer **benzodiazepines**.
 - If age >60, consider reducing dose by half.
 - **May repeat for total of 2 doses regardless of route.**
- [Midazolam](#): 0.2 mg/kg IM/IN, max single dose 10mg
- [Lorazepam](#), [Midazolam](#): 0.1 mg/kg IV/IO, max single dose 4mg
 - Administer slowly over 2 minutes.
- If greater than 20 weeks of pregnancy or postpartum up to six weeks, administer [Magnesium sulfate](#) 4 g slow push IV/IO over 20 minutes. Refer to [Maternal Hypertension, Preeclampsia, and Eclampsia](#). If unclear etiology, you may administer a benzodiazepine simultaneously with the magnesium.
- Initiate continuous cardiac and EtCO₂ monitoring.
- Patients requiring pharmacologic management for agitation in the postictal state, refer to [Agitated or Violent Patient/Behavioral Emergency](#). Ketamine is not indicated for postictal patients.