

**COUNTY OF SACRAMENTO  
EMERGENCY MEDICAL SERVICES AGENCY**



Program Document: **Seizures**

Policy Number: 8003.03

Initial Date: 04/19/21

Last Approved Date: 06/12/25

Effective Date: 11/01/25

Next Review Date: 06/01/27

\_\_\_\_\_  
Signature on File

EMS Medical Director

\_\_\_\_\_  
Signature on File

EMS Administrator

**Purpose:**

- A. To establish treatment standards for patients exhibiting signs and symptoms of seizure.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Protocol:**

- A. For any Altered Level of Consciousness (ALOC), consider AEIOUTIPS:
  - Alcohol
  - Epilepsy
  - Infection
  - Overdose
  - Uremia
  - Trauma
  - Insulin
  - Psychiatric
  - Stroke or Cardiovascular
- B. Seizures:
  - 1. Active Seizures.
  - 2. Focal Seizures with respiratory compromise.
  - 3. Recurrent seizures without lucid interval.

**BLS:**

- 1. Supplemental O2 as necessary to maintain SpO2  $\geq$  94%. Use the lowest concentration and flow rate of O2 possible.
- 2. Airway adjuncts as needed.
- 3. Perform blood sugar determination. Refer to PD# 8002 – Diabetic Emergencies

4. If the patient is seizing, protect the patient from further injury.
5. Transport.

**ALS:**

1. Supplemental O<sub>2</sub> as necessary to maintain SpO<sub>2</sub> ≥ 94%. Use the lowest concentration and flow rate of O<sub>2</sub> possible.
2. Airway adjuncts as needed.
3. Initiate vascular access.
4. Perform blood sugar determination. refer to PD# 8002 – Diabetic Emergencies.
5. Midazolam:
  - a. 0.1mg/Kg in 2 mg increments slow IV push or IN-titrate to seizure control (max dose 6 mg).
  - b. If IV or IN is not available, Midazolam may be given IM - 0.1 mg/Kg (max dose 6 mg) in a single IM injection (may be split into 2 sites if sufficient muscle mass is not present for a single injection site).
6. \*\*Diazepam:
  - a. May substitute Diazepam when there is a recognized pervasive shortage of Midazolam. 5-10 mg IVP to control seizures. If no IV access, 10 mg IM. May repeat once. Max dose 20 mg.
7. If known or suspected pregnancy (greater than 20 weeks) OR if possible pregnancy within the last 6 weeks, administer magnesium sulfate even if seizure has resolved.
  - a. Magnesium Sulfate:
    - i) -10g IM (5 g in each buttock) OR 6g IV/IO in 250 NS, infusion over 10 minutes.  
\*No repeat magnesium dosing without base hospital consultation.
8. Cardiac Monitoring.

\*Intranasal medications are to be delivered through an atomization device with one-half the indicated dose administered in each nostril.

\*\*Diazepam may only be used when Midazolam is not available or when using Diazepam from CHEMPACK supplies.

**Cross Reference:**

PD# 2032 – Controlled Substance  
PD# 8002 – Diabetic Emergencies