





# Seizure

EMS Medical Director:  
[Signature on File](#)  
EMS Administrator:  
[Signature on File](#)

|   |                                                                                                                                                                                                                                                                                                                                                                                    |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| E | Supplemental O2 as necessary to maintain SpO2 ≥ 94%                                                                                                                                                                                                                                                                                                                                |
|   | Airway adjuncts as needed                                                                                                                                                                                                                                                                                                                                                          |
|   | Perform blood sugar determination                                                                                                                                                                                                                                                                                                                                                  |
|   | If seizing, protect from injury                                                                                                                                                                                                                                                                                                                                                    |
| A | <b>Initiate IV Access</b>                                                                                                                                                                                                                                                                                                                                                          |
|   | Cardiac monitor                                                                                                                                                                                                                                                                                                                                                                    |
| P | <p><b>Midazolam IV/IM/IN</b></p> <p>IV – 0.1 mg/kg (max dose 6 mg) slow IV push in 1-2 mg increments, titrate to seizure control<br/> <b>OR</b><br/> IN – 0.1 mg/kg (max dose 6 mg)<br/> IM – 0.1 mg/kg (max dose 6 mg)</p>                                                                                                                                                        |
|   | <p>If known or suspected pregnancy (greater than 20 weeks)<br/> OR if possible pregnancy within the last 6 weeks, administer magnesium sulfate even if seizure has resolved.</p> <p><b>Magnesium Sulfate:</b><br/> -10g IM (5 g in each buttock) OR 6g IV/IO in 250 NS, infusion over 10 minutes.</p> <p><b>No repeat magnesium dosing without base hospital consultation.</b></p> |
| ↓ |                                                                                                                                                                                                                                                                                                                                                                                    |
|   |  <b>Contact Base Hospital for medical direction if necessary.</b>                                                                                                                                           |

# DRAFT

|   |           |
|---|-----------|
| E | EMT       |
| A | AEMT      |
| P | Paramedic |





# Seizure

## NOTES:

**For any Altered Level of Consciousness (ALOC), consider AEIOUTIPS:**

- Alcohol
- Epilepsy
- Infection
- Overdose
- Uremia
- Trauma
- Insulin
- Psychiatric
- Stroke or Cardiovascular

## Seizures:

- 1. Active Seizures
- 2. Focal Seizures with respiratory compromise
- 3. Recurrent seizures without lucid interval

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

## \*\* Diazepam:

**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.**

## Cross Reference:

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

