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	**Initiate IV Access**
	Cardiac monitor
P	**Midazolam IV/IM/IN** IV – 0.1 0.2 mg/kg (max dose ~~6 mg~~ 10mg) slow IV push in 1-2 mg increments, titrate to seizure control **OR** IN – 0.1 0.2mg/kg (max dose ~~6 mg~~ 10mg) IM – 0.1 0.2mg/kg (max dose ~~6 mg~~ 10mg)
	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. **Magnesium Sulfate**: -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.**

Contact Base Hospital for medical direction if necessary.

E	EMT
A	A-EMT
P	PARAMEDIC

Adult Medical Treatment Guidelines

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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

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