Seizures

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow **General Pre-hospital Care Protocol**.
2. **IF PATIENT IS ACTIVELY SEIZING:**
   A. Protect patient from injury.
   B. Do not force anything between teeth.

SPECIALIST/PARAMEDIC

C. If blood glucose is found to be less than 60 mg/dl or hypoglycemia is suspected:
   a. Administer dextrose 50%, 25 gms (50 ml) IVP.
   b. If no IV access, per MCA selection, administer glucagon 1 mg IM

PARAMEDIC

D. If patient is pregnant (eclampsia)
   a. If seizure occurs, administer Magnesium Sulfate 2 gm over 10 minutes IV/IO until seizure stops**.** Administration of Magnesium Sulfate is best accomplished by adding Magnesium Sulfate 2gm to 100 or 250 ml of NS and infusing over approximately 10 minutes.
   b. If eclampsia seizure does not stop after magnesium, then administer benzodiazepine as specified in E below.

E. Administer Midazolam 10 mg IM prior to IV start, if patient is actively seizing.

F. If IV already established and Midazolam IM has not been administered, administer Midazolam, Lorazepam or Diazepam slow IV push until seizure stops, per MCA selection.

Medication Options:
(Choose One)

☐ Midazolam 5 mg IV/IO
OR
☐ Lorazepam - 4 mg IV/IO
OR
☐ Diazepam - 10 mg IV/IO or rectally

Glucagon
1 mg IM
☐ Included
☐ Not Included

G. If seizures persist, per MCA selection, repeat Midazolam, Lorazepam or Diazepam at the same dose or contact medical control for further instructions.

MFR/EMT/SPECIALIST/PARAMEDIC

3. **IF PATIENT IS NOT CURRENTLY SEIZING, BUT HAS ALTERED MENTAL STATUS REFER TO ALTERED MENTAL STATUS PROTOCOL.**

IF PATIENT IS ALERT:

SPECIALIST/PARAMEDIC

4. Obtain vascular access.

Post-Medical Control

Actively seizing:

1. Additional **Dextrose** 50%, 25 gms (50 ml) IVP.

Follow **General Pre-hospital Care Protocol**

Patient actively seizing

- Protect patient from injury
- Do not force anything between teeth

Blood glucose less than 60 or hypoglycemia

- Administer dextrose 50%, 25 gms (50 ml) IVP
- If no IV access, per MCA selection, administer glucagon 1mg IM

Pregnant Patient (Eclampsia)

- If seizure occurs, administer Magnesium Sulfate 2 gm over 10 mins IV/IO until seizure stops. Administration of Magnesium Sulfate is best accomplished by adding Magnesium Sulfate 2 gm to100 or 250 ml of NS & infusing over approx. 10 mins.
- If eclampsia seizure does not stop after magnesium, administer benzodiazepine below.

Medication Options
(Choose One)

- ☐ Midazolam 5 mg IV/IO
- ***OR***
- ☐ Lorazepam 4 mg IV/IO
- ***OR***
- ☐ Diazepam 10 mg IV/IO rectally

- Administer Midazolam 10 mg IM prior to IV start, if patient is actively seizing.
- If IV already established and Midazolam IM has not been administered, administer Midazolam, Lorazepam or Diazepam slow IV push until seizure stops, per MCA selection

Glucagon
1 mg IM

- ☐ Included
- ☐ Not Included

If seizures persist, per MCA selection, repeat Midazolam, Lorazepam or Diazepam at the same dose or contact medical control for further instructions.

Not currently seizing but has altered mental status

- Refer to **Altered Mental Status Protocol**

Patient is alert

- Obtain vascular access

Contact Medical Control

Actively seizing:
Additional Dextrose 50%, 25 gms (50 ml) IVP