

## ***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.
  - c. **If patient is pregnant (eclampsia)**

#### **PARAMEDIC**

- i. Administer Magnesium SO<sub>4</sub> if available, 1 gm/minute IV until seizure stops (dosage: 2-4 gm)
- ii. If eclampsia seizure does not stop after magnesium, then administer benzodiazepine as listed

#### **Benzodiazepine Options**

**(Choose One)**

- Diazepam  
**OR**  
 Midazolam  
**OR**  
 Lorazepam

#### **Glucagon**

- Included  
 Not Included

- d. Administer diazepam 2-10 mg IV/IM/IO or rectal, **OR** Midazolam 0.05 mg/kg to max 5 IV/IM/IO **OR** Lorazepam 1-2 mg IV/IO (0.1 mg/kg max 4 mg/dose) titrated, may repeat every 5 minutes until maximum of 8 mg
- e. **If blood glucose is found to be less than 60 or hypoglycemia is suspected:**
  - i. Administer dextrose 50% 25 grams (50 cc) IVP.
  - ii. If no IV access, administer **glucagon** 1 mg IM

#### **3. IF PATIENT IS NOT CURRENTLY SEIZING, BUT HAS ALTERED MENTAL STATUS EMT/SPECIALIST/PARAMEDIC**

- a. Measure blood glucose level.

#### **PARAMEDIC**

- b. **If blood glucose is found to be less than 60 or hypoglycemia is suspected:**
  - i. Administer dextrose 50% 25 grams (50 cc) IVP.
  - ii. If no IV access, administer **glucagon** 1 mg IM

#### **4. IF PATIENT IS ALERT: SPECIALIST/PARAMEDIC**

- a. Obtain vascular access.

### **Post-Medical Control**

#### **Actively seizing:**

#### **PARAMEDIC**

1. Additional **dextrose** 50% 25 grams (50cc) IVP
2. Possible additional Benzodiazepine

Follow **General Pre-hospital Care Protocol**

