




Seizures

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. Administer Midazolam 10 mg IM prior to IV start.
 -  D. If blood glucose is found to be less than 60 mg/dL or hypoglycemia is suspected:
 -  a. Administer Dextrose 25 gm IV.b.
 - b. If unable to start IV, consider I/O
 - c. If no IV access, per MCA selection, administer glucagon 1 mg


Glucagon included?


Yes No

-  E. If patient is pregnant (eclampsia)
 - a. 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 eclamptic seizure does not stop after magnesium, then administer benzodiazepine as specified below.
- F. If IV already established and Midazolam IM has not been administered, administer
 - a. Midazolam 5 mg IV/IO **OR**
 - b. Lorazepam 2 mg slow IV push until seizure stops, per MCA selection.

Medication Options:
(Choose One)

Midazolam 5 mg IV/IO
OR
 Lorazepam 2 mg IV/IO

- G. If seizures persist
 - a. Per MCA selection, repeat Midazolam 5mg IV/IO/IM **OR**
 - b. Lorazepam 2 mg slow IV push until seizure stops
 -  c. Contact medical control

3. **IF PATIENT IS NOT ACTIVELY SEIZING** and has/is:
 - A. Altered level of consciousness, refer to **ALTERED MENTAL STATUS PROTOCOL**.
 - B. Alert
 - a. Monitor for changes
 -  b. Obtain vascular access.