

FR	Universal Care Protocol	1-01
FR	Airway/O <sub>2</sub> Maintenance Protocol	A-01

**Universal Seizure Precautions:**

1. Ensure airway patency, but do not force anything between teeth
2. Give Oxygen and suction as needed
3. Lateral decubitus position if vomiting
4. Protect patient from injury during active seizures
5. C-spine precautions as appropriate

A	Glucose Check/Management	1-04
P	Continuous ECG Monitoring & 12-Lead ECG	1-05

**If ACTIVELY seizing (IV Route preferred in Adults, IN in Pediatrics):**

Preferred if IN	Preferred if IM	
<p><b>Versed (midazolam)</b> Initial 2-5 mg IV/IO, <b>5 mg IN (or IM)</b></p>	or	<p><b>Ativan (lorazepam)</b> Initial 1-2 mg IV/IO, <b>2 mg IM (or IN)</b></p>
<p>Peds: 0.1 mg/kg IV/IO <u>or</u> 0.2 mg/kg IN or IM</p>	or	<p>Peds: 0.1 mg/kg IV/IO or IN or IM</p>
<p>Repeat: every 5 min</p>	or	<p>Repeat: every 5 min</p>
		<p><b>Valium (diazepam)</b> Initial 5 mg IV/IO 10 mg IM or PR</p>
		<p>Peds: 0.3 mg/kg IV/IO 0.5 mg/kg IM or PR</p>
		<p>Repeat: every 5 min</p>

If seizures continue despite 2 doses (>10 minutes), consider:

P	Drug-assisted Intubation Protocol	A-04
P	Endotracheal Intubation Protocol	A-P5

Repeat seizure or sedation doses as needed

## KEY POINTS:

- Consider the cause (differential):
  - **Epilepsy**
  - **Hypoglycemia** - history of diabetes?
  - **Substance abuse**
    - EtOH withdrawal or intoxication
    - Benzodiazepine withdrawal
    - Stimulant use
  - **Head Trauma/Intracranial Hemorrhage**
  - **Eclampsia** - pregnant or recent delivery?
  - **Infection (e.g. meningitis)** - fever, recent travel?
  - **Febrile seizure (<6 yo)** - usually not febrile til *after* the seizure
- *Status epilepticus* is defined as two or more successive seizures without a period of consciousness or recovery. This is a true emergency requiring rapid airway control, treatment, and transport.
- If available, intranasal (IN) route should be used for the initial dose of Versed.
- Monitor the airway closely and be prepared to address airway and/or breathing problems, especially with patients given medications for the seizures.
- If the patient is in a postictal state, monitor airway closely and be prepared for further seizure activity.

## SPECIAL SITUATIONS:

- Consider **NS bolus** for seizure patients for both potential dehydration and to address potential hyponatremia (rare cause).
- Consider **Narcan** if narcotic use is suspected. Refer to Drug Overdose protocol [**E-03**].
- Pregnancy (3rd-trimester or post-partum): Administer **Magnesium Sulfate 2 grams IV/IO**, and goto Pre-eclampsia/Eclampsia Protocol [**OB-08**].

M-07  
SEIZURES

First Responder  
EMT  
AEMT  
Paramedic

### QI Review Parameters:

1. Glucose Checked and Documented?
2. Level of Consciousness Documented?
3. Duration and Number of Seizures Documented?
4. Cause of Seizure Identified/Documented? (Seizure Hx, Trauma, Fever, etc.)
5. Relevant Exam findings of documented? (Incontinence, tongue biting, head trauma, etc.)
6. Appropriate Medication given (*If actively seizing*)? (Includes Dose, Route and Necessity.)