Base Hospital Contact: Required for status epilepticus or pregnant patients.

1. Assess airway and initiate basic and/or advanced airway maneuvers prn \((MCG 1302)\)

2. Administer **Oxygen** prn \((MCG 1302)\)

3. Assess for signs of trauma  
   If traumatic injury suspected, treat in conjunction with **TP 1244, Traumatic Injury**

4. Initiate cardiac monitoring prn \((MCG 1308)\)

5. Establish vascular access prn \((MCG 1375)\)

6. For suspected eclampsia,  
   **CONTACT BASE**, do not delay transport ❶

7. If seizure stops spontaneously prior to EMS arrival or no witnessed seizure by EMS:  
   Document Provider Impression – **Seizure - Post**

8. For active seizure witnessed by EMS:  
   **Midazolam 5 mg (1mL) IM/IN/IV**  
   Repeat x1 in 2 min prn, maximum total dose prior to Base contact 10mg all routes ❹  
   Document Provider Impression – **Seizure – Active**, even if seizure spontaneously resolves ❷❸  
   **CONTACT BASE** for persistent seizure and additional medication orders  
   May repeat as above for a maximum total dose of 20mg

9. For persistent seizure or persistent ALOC:  
   Check blood glucose  
   If < 60mg/dL or > 400mg/dL, treat in conjunction with **TP 1203, Diabetic Emergencies**
SPECIAL CONSIDERATIONS

❶ Preeclampsia and eclampsia may develop anytime between 20 weeks gestation and 6 weeks after delivery (postpartum). Signs/symptoms of preeclampsia include systolic blood pressure > 140, edema, changes in vision, headache and/or right upper quadrant pain. Treat seizures from eclampsia with Midazolam.

❷ Active seizures may include tonic and/or clonic activity or focal seizure with altered level of consciousness. Eye deviation, clenched jaw, lip smacking or focal twitching may be subtle signs of seizure.

❸ Seizures may occur as a result of underlying medical problems or toxic ingestions. Make every effort to obtain a medical history and determine all medications/drugs that the patient may have taken.

❹ Midazolam onset is 2 minutes with maximum effect at 5 minutes.