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 without midazolam administration:
   Document Provider Impression – Seizure - Post
8. For active seizure: ❷
   Midazolam 5 mg (1mL) IM/IN/IV
   Repeat x1 in 2 min prn, maximum total dose prior to Base contact 10mg all routes ❸
   Document Provider Impression – Seizure – Active ❹
   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 Midazolam onset is 2 minutes with maximum effect at 5 minutes.

❹ 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.