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 ❄️

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 ❅
   Document Provider Impression – *Seizure – Active*, even if seizure spontaneously resolves ❅계약
   **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

1. 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.

2. 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.

3. 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.

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