Treatment Protocol: SEIZURE **Ref. No. 1231-P**

Base Hospital Contact: Required for status epilepticus or pregnant patients

1. Assess airway and initiate basic and/or airway maneuvers prn *(MCG 1302)* ❶

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

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

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

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

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

7. For active seizure witnessed by EMS:
   Midazolam (5mg/mL) 0.1mg/kg IM/IV, dose per *MCG 1309* or
   Midazolam (5mg/mL) 0.2mg/kg IN, dose per *MCG 1309*
   Repeat x1 in 2 min prn, maximum two doses prior to Base contact ❹
   Document Provider Impression – *Seizure – Active*, even if seizure spontaneously resolves ❷❸

   CONTACT BASE for persistent seizure and for additional medication orders: ❺
   May repeat **Midazolam** as above, maximum four total doses

8. For persistent seizure or persistent ALOC:
   Check blood glucose
   If < 60mg/dL or > 250mg/dL, treat in conjunction with *TP 1203-P, Diabetic Emergencies*

SPECIAL CONSIDERATIONS

❶ Children with seizure may develop apnea; therefore, monitor oxygenation and ventilation including continuous pulse oximetry during seizure and after treatment with midazolam. Be prepared to initiate BMV.

❷ Active seizures, including febrile 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. Please 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.

❺ Vital signs vary by age and normal ranges can be found in *MCG 1309*. Any pediatric patient with vital signs outside the normal range for age should be considered potentially ill and transported to an EDAP or PMC if criteria are met. Pediatric patients who continue to seize after administration of midazolam should be transported to a PMC.