

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. For suspected eclampsia,
CONTACT BASE, do not delay transport ❶
6. If seizure stops spontaneously prior to EMS arrival or no witnessed seizure by EMS:
Document Provider Impression – *Seizure - Post*
7. For active seizure witnessed by EMS:
Midazolam 10mg (2mL) IM/IN, or

Midazolam 5 mg (1mL) IV/IO, if existing vascular access, 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 ❷ ❸

CONTACT BASE for persistent seizure and additional medication orders
May repeat as above up to a maximum total dose of 20mg
8. Establish vascular access prn (*MCG 1375*)
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.