

SEIZURES

ALL PROVIDERS

- ❑ Focused history and physical exam
 - Blood glucose, temperature and oxygen saturation assessment
 - Determine possibility of third trimester pregnancy, if appropriate
 - Assess scene for possible toxin, overdose or trauma
- ❑ Cardiac monitor, ETCO₂, and pulse oximetry monitoring, when available
- ❑ **Treatment Plan**
 - Do not restrain, but do provide protection from injury during the tonic-clonic phase
 - Spinal motion restriction per **Selective Spinal Immobilization Guideline**
 - Ensure patients experiencing febrile seizures are not excessively dressed or bundled
 - Any child <12 months old with seizure activity should be encouraged to be transported
- ❑ **Key Considerations:**
 - Intranasal (IN) and intramuscular (IM) routes are preferred for first line administration of benzodiazepines
 - Intravenous (IV) administration of benzodiazepines is appropriate once an IV is in place
 - Rectal administration is not recommended

ADULT

PEDIATRIC (<15 years of Age)
NOTE: Pediatric weight based dosing should not exceed Adult dosing.

ADULT EMT

- ❑ Maintain open airway with patient in the recovery position
- ❑ Assist patient's family or caretaker with any home medication treatments

PEDIATRIC EMT

- ❑ Maintain open airway with patient in the recovery position
- ❑ Assist patient's family or caretaker with any home medication treatments

ADULT AEMT

- ❑ Advanced airway, vascular access and fluid therapy per **IV/IO Access and Fluid Therapy Guidelines**
- ❑ **Benzodiazepines:**
 - Dosage is cut in half if the patient has received narcotics or alcohol
- **Midazolam**
 - **IN/IM/IV/IO – 5 mg**, may repeat once in 5 minutes, if needed. Total max dose: 10mg
- **Diazepam**
 - **IV/IO – 5 mg**, may repeat every 5 minutes, if needed. Total max dose: 20mg
 - **Intramuscular (IM) – 10 mg**, may repeat once in 10 minutes, if needed. Total max dose: 20 mg (IM not preferred unless no other options)

PEDIATRIC AEMT

- ❑ Advanced airway, vascular access and fluid therapy per IV/IO Access and Fluid Therapy Guidelines
- ❑ **Benzodiazepines:**
 - Dosage is cut in half if the patient has received narcotics or alcohol
- **Midazolam**
 - **Intranasal (IN): 0.3 mg/kg** (max 5 mg), may repeat once in 5 minutes, if needed. Total max dose: 10 mg
 - **Intramuscular (IM): 0.15 mg/kg** (max 5 mg): may repeat once in 10 minutes, if needed. Total max dose: 10 mg
 - **IV/IO - 0.1 mg/kg** (max 5 mg), may repeat once in 5 minutes, if needed. Total max dose: 10 mg
- **Diazepam**
 - **IV/IO - 0.1 mg/kg** (max 5 mg), may repeat every 5 minutes, if needed. Total max dose: 10 mg
 - **Intramuscular (IM): 0.2 mg/kg** (max 10 mg), may repeat every 10 minutes, if needed. Total max dose: 20 mg (IM not preferred unless no other options)

- **Lorazepam**
 - **IV/IO/IM – 1-2mg, may repeat** every 5 minutes, if needed. Total max dose: 4mg

□ Contact OLMC for dosages above those provided or use of medication NOT fitting the guideline parameters

ADULT PARAMEDIC

- Pregnant females with eclampsia/seizures
 - **Magnesium sulfate - 4 gm IM** or 4 IV/IO gm over 15 to 30 min

- **Lorazepam**
 - **IV/IO/IM – 0.1mg/kg** (max 2 mg), may repeat every 5 minutes, if needed. Total max dose: 4 mg.

□ Contact OLMC for dosages above those provided or use of medication NOT fitting the guideline parameters

PEDIATRIC PARAMEDIC

- **Magnesium Sulfate –** For pediatric patients who are pregnant and having a seizure contact OLMC