

SEIZURES

UPDATED 1/2024

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.
- Treatment Plan**
 - Do not restrain, but do provide protection from injury during the tonic-clonic phase
 - Spinal motion restriction per *Spinal Motion Restriction 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
 - **Cut dose of benzodiazepines in half is suspicious of drugs or alcohol use**
 - Rectal administration is not recommended

ADULT

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

EMT

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

AEMT

- Airway Management, vascular access and fluid therapy

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PARAMEDIC

- Advanced airway, vascular access and fluid therapy
- Benzodiazepines**
 - ★ **Cut dose of benzodiazepines in half if suspicious of drugs or alcohol use**
 - **Midazolam**
 - **IN/IM/IV/IO – 5 mg**, may repeat once in 5 minutes, if needed. **Total max dose: 10mg.**
 - Consider an initial dose of 10mg for Refractory/Status Epilepticus Seizures.
 - **Diazepam**
 - **IV/IO – 5 mg**, may repeat every 5 minutes, if needed. **Total max dose: 20mg**

PARAMEDIC

- Advanced airway, vascular access and fluid therapy
- Benzodiazepines**
 - ★ **Cut dose of benzodiazepines in half if suspicious of drugs or alcohol use**
 - **Midazolam**
 - **IN/IM - 0.2 mg/kg** (max 5 mg), may repeat once in 5 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**

- **Intramuscular (IM) – 10 mg**, may repeat once in 10 minutes, if needed. **Total max dose: 20 mg** (IM not preferred unless no other options)
 - **Lorazepam**
 - **IV/IO/IM - 4mg**, may repeat every 5 minutes, if needed. **Total Max dose: 8mg**
- ☐ Pregnant females with eclampsia/seizures
- **Magnesium Sulfate – 4g** IM or IV/IO over 15-30 mins
- ☉ Contact OLMC for dosages above those provided or use of medication NOT fitting the guideline parameters
- **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 - 0.1mg/kg** (Max 4mg per dose), may repeat every 5 minutes, if needed. **Total max dose: 8mg**.
- ☉ Contact OLMC for dosages above those provided or use of medication NOT fitting the guideline parameters