

# SEIZURES

## UPDATED 4/2025

### 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, ETCO<sub>2</sub>, 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

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