Seizures

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

1. Follow **General Pre-hospital Care Protocol**.
2. **IF PATIENT IS ACTIVELY SEIZING:**
   A. Protect patient from injury.
   B. Do not force anything between teeth.

PARAMEDIC

C. If patient is pregnant (eclampsia)
   a. Administer Magnesium sulfate,1 gm/minute IV until seizure stops (dosage: 2-4 gm)
   b. If eclampsia seizure does not stop after magnesium, then administer benzodiazepine per MCA selection.

Benzodiazepine Options
(Choose One)

- ☑ Diazepam 2 - 10 mg (0.1 mg/kg) IV/IO or 2 – 10 mg (0.5 mg/kg) rectally
  OR
- ☐ Midazolam 2 - 5 mg (0.05 mg/kg) IV/IO/IM
  OR
- ☐ Lorazepam 1 – 4 mg (0.1 mg/kg) IV/IO

Glucagon
1 mg IM

- ☐ Included
- ☑ Not Included

D. Per MCA selection, administer Diazepam, Midazolam or Lorazepam.
E. If blood glucose is found to be less than 60 mg/dl or hypoglycemia is suspected:
   a. Administer dextrose 50%, 25 gms (50 ml) IVP.
   b. If no IV access, per MCA selection, administer glucagon 1 mg IM.

EMT/SPECIALIST/PARAMEDIC

3. **IF PATIENT IS NOT CURRENTLY SEIZING, BUT HAS ALTERED MENTAL STATUS**
   A. Measure blood glucose level.

EMT/SPECIALIST

B. If glucose is less than 60 mg/dl and awake, administer oral glucose or oral high caloric fluid if available.

PARAMEDIC

C. If blood glucose is found to be less than 60 mg/dl, or hypoglycemia is suspected:
   a. Administer dextrose 50%, 25 gms (50 ml) IVP.
   b. If no IV access, per MCA selection, administer glucagon 1 mg IM

IF PATIENT IS ALERT:

SPECIALIST/PARAMEDIC

4. Obtain vascular access.

Post-Medical Control

Actively seizing:

PARAMEDIC

1. Additional **dextrose** 50%, 25 gms (50 ml) IVP.
2. Possible additional Benzodiazepine.