



## SEIZURE

**Effective:** January 1, 2025  
**Replaces:** January 1, 2024

### 1. Patient Care Goals

- 1.1. Prompt cessation of seizures in the prehospital setting
- 1.2. Identify Status Epilepticus characterized by continuous seizure lasting more than 5 minutes OR more than one seizure without return to baseline mental status
- 1.3. Minimizing adverse events in the treatment of seizures in the prehospital setting
- 1.4. Minimizing seizure recurrence during transport
- 1.5. Ensure no prolonged periods of hypoventilation during seizure activity

### 2. BLS Treatment

- 2.1. Routine Medical Care – Adult (700-S04)
  - 2.1.1. **Oxygen** – titrate as appropriate
- 2.2. Protect patient during active seizure
- 2.3. Spinal Motion Restriction as appropriate (700-M11)
- 2.4. Recovery position with head elevated, if no suspected spinal injury or mechanism
- 2.5. Consider cooling measures if febrile (loosen blankets and/or remove excessive clothing)
- 2.6. **Blood Glucose Level** (BGL), if less than 60mg/dl, treat for hypoglycemia (700-A03)

### 3. ALS Treatment (for active seizure and/or status epilepticus)

- 3.1. Active Seizure without Vascular Access:
  - 3.1.1. **Midazolam 10 mg IM**
  - 3.1.2. After IM midazolam establish **Vascular Access (IV)**, TKO
  - 3.1.3. If unable to establish IV access and patient has continued seizure, **Midazolam 5 mg IM**; not to exceed a total dose of 15 mg
- 3.2. Active Seizure with Vascular Access (IV):
  - 3.2.1. **Midazolam 2.5 mg IV** (slowly titrated to effect in increments of no more than 2.5mg); not to exceed a total dose of 15 mg
- 3.3. Post Seizure:
  - 3.3.1. **Vascular Access (IV)**, TKO
  - 3.3.2. If patient has a recurrent seizure **Midazolam 2.5 mg IV** (slowly titrated to effect in increments of no more than 2.5 mg; not to exceed a total dose of 15 mg)
- 3.4. **BASE CONTACT**: if additional Midazolam above 15 mg total is needed

### 4. Eclampsia

- 4.1. For seizures in pregnant patient greater than 20 weeks gestation or up to 6 weeks postpartum see (700-A18)

### 5. Pertinent Assessment Findings

- 5.1. New onset of seizure or seizure refractory to medication administration assess for other causes of seizure including trauma, stroke, electrolyte abnormality, toxic ingestion, pregnancy with eclampsia, hyperthermia

### 6. Key Documentation Elements

- 6.1. Active seizure(s) witnessed by care providers during patient care
  - 6.1.1. Duration of seizure and type of seizure witnessed



- 6.2. Presence of eye deviation during/after seizure
- 6.3. Presence of periods of apnea, cyanosis, vomiting, bowel/bladder incontinence, or fever
- 6.4. Medications administered by non-EMS personnel
- 6.5. Neurologic status including GCS, pupil size, focal neurological deficits, signs of stroke
- 6.6. Blood glucose level