Seizures

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.
   
   C. Administer Midazolam 10 mg IM prior to IV start.
   
   D. If blood glucose is found to be less than 60 mg/dL or hypoglycemia is suspected:
      a. Administer Dextrose 25 gm IV.
      b. If no IV access, per MCA selection, administer glucagon 1 mg IM

   ![](Glucagon included? Yes ☐ No ☑)

   E. If patient is pregnant (eclampsia)
      a. Administer Magnesium Sulfate 2 gm over 10 minutes IV/IO until seizure stops. Administration of Magnesium Sulfate is best accomplished by adding Magnesium Sulfate 2gm to 100 or 250 ml of NS and infusing over approximately 10 minutes.
      b. If eclamptic seizure does not stop after magnesium, then administer benzodiazepine as specified below.

   F. If IV already established and Midazolam IM has not been administered, administer
      a. Midazolam 5 mg IV/IO OR
      b. Lorazepam 2 mg slow IV push until seizure stops, per MCA selection.

   ![](Medication Options: (Choose One)
   ☑ Midazolam 5 mg IV/IO OR
   ☐ Lorazepam 2 mg IV/IO

   G. If seizures persist
      a. Per MCA selection, repeat Midazolam 5mg IV/IO/IM OR
      b. Lorazepam 2 mg slow IV push until seizure stops
      c. Contact medical control

3. **IF PATIENT IS NOT ACTIVELY SEIZING** and has/is:
   A. Altered level of consciousness, refer to **ALTERED MENTAL STATUS PROTOCOL**.
   B. Alert
      a. Monitor for changes
      b. Obtain vascular access.