GENERAL CONSIDERATIONS

A. The seizure has usually stopped by the time EMS personnel arrive and the patient may be in a postictal state.

B. The basic rule with seizures is to “protect and support” the patient.

C. Aspiration precautions include:
   1. Place patient in coma position (side-lying with head lowered 15-30°)
   2. Have suction readily available
   3. If possible, clear mouth of foreign bodies (food, gum, dentures)

D. Pediatric patients may experience a febrile seizure. If this is suspected, remove or loosen clothing. Do NOT cool with water, ice packs, or alcohol.

E. Versed is well-absorbed when administered IM but takes up to 15 minutes to take effect; IV or IN route is preferred for persistent / recurrent seizures.

Basic EMT

A. Consider cervical spine injury. Place patient away from objects on which they might injure themselves; protect but do NOT restrain.

B. Assess and manage airway. Apply pulse oximeter and treat per procedure.

C. Evaluate patient’s general appearance, relevant history of condition and determine OPQRSTI and SAMPLE. Especially ask about head trauma, diabetes, substance abuse, stroke, heart disease.

D. Obtain history from bystanders: Seizure history; Description of seizure onset / activity

E. Evaluate for evidence of head trauma and substance abuse

F. Determine blood sugar and treat per Altered LOC Protocol.

G. Bring medications to the hospital if possible

H. Establish communications with Medical Control and advise of patient condition. Transport immediately, unless ALS unit is en route with an ETA less than 5 minutes.

Advanced EMT / Paramedic

A. Apply cardiac monitor and check rhythm

B. Start IV NS TKO while en route to the hospital if seizures are persistent or recurrent. Do NOT delay transport for IV.
C. With persistent or recurrent seizure activity administer midazolam (Versed):

1. **Adult dose** – 2-4 mg slow IVP titrated to patient’s condition using 2 mg/ml concentration; 4 mg IM using 2 mg/ml concentration; or 10 mg IN using 5 mg/ml concentration (dose divided into each nare).

   IMPERATIVE THAT CORRECT CONCENTRATION IS USED FOR ROUTE CHOSEN

2. **Pediatric dose** – 0.1 mg/kg slow IVP or IM to maximum dose of 2 mg; or 0.2 mg/kg IN

D. Determine blood sugar and treat per Altered LOC Protocol.
• Assess and manage airway consider c-spine control
• Maintain O2 sats >95%
• Evaluate patient condition
• Monitor vital signs
• Obtain medical history
  - Seizure history
  - Description of seizure
  - Onset and activity of seizure
• Evaluate for trauma and substance abuse
• Check blood sugar and treat accordingly
• Transport in position of comfort

• IV NS (run to maintain perfusion)
• Monitor ECG
• With persistent or recurrent seizure activity:
  - Administer Midazolam (Versed)
    - Adults: 2-4 mg slow IV push (2 mg/ml concentration)
    - 4 mg IM (2 mg/ml concentration)
    - 10 mg intranasally 5 mg/ml concentration

Pediatric dosages for:
Midazolam (Versed)
- 0.1 mg/kg slow IV push or IM
- 0.2 mg/kg intranasally