

TREATMENT:

- A. Treat per Universal Patient Care.
- B. If patient is in status seizure (continuous seizure or repetitive seizures without regaining consciousness):
 1. Administer **Midazolam 2 - 5 mg IM**. May repeat to a maximum dose of 10 mg for seizures lasting longer than five minutes.
 2. If an IV is established and still seizing, may administer **Midazolam 2.5 mg IV/IO**. May repeat to a maximum dose of 10 mg for seizures lasting longer than five minutes.
 3. Consider **Lorazepam 2-4 mg slow IV/IO** over 2 mins or **IM**.
 - i. If still seizing after 5-10mins you can repeat dose once
 4. Monitor patient's respiratory status closely after midazolam administration.
 5. Contact OLMC if further doses are needed.
- C. Check blood glucose and treat per Altered Mental Status protocol.
- D. Place patient on their left side for transport.
- E. All first time seizure patients require medical evaluation by a physician. Contact OLMC if patient refuses transport and obtain AMA signature.

PEDIATRIC PATIENTS:

- A. If patient is in status seizure (continuous seizure or repetitive seizures without regaining consciousness):
 1. Administer **Midazolam 0.1 mg/kg IV/IO** to a maximum initial dose of 2.5 mg. May repeat to a maximum dose of 5 mg for seizures lasting longer than five minutes.
 2. If no IV access, administer **Midazolam 0.2 mg/kg IM** to a maximum initial dose of 2.5 mg. May repeat to a maximum dose of 5 mg.
 3. Consider **Lorazepam 0.05-0.1mg/kg IV/IO over 2-5 mins or IM** (28 days to 12 years)
 - i. IV diluted 1:1 with Normal Saline
 - ii. If still seizing after 5-10mins you can repeat dose once
 4. Contact OLMC if further doses are needed.
- B. Febrile seizures are generally found between the ages of 1- 6 and are usually short in duration.
 1. **Tylenol (acetaminophen) 15mg/ kg PO** if gag reflex intact. Can be administered via **rectal suppository** same dose if no gag reflex or if patient is vomiting.
- C. First time seizures in children should be considered sepsis or meningitis until proven otherwise.

NOTES & PRECAUTIONS:

- A. Seizures in patients > 50 years of age are frequently caused by arrhythmias. Treat per appropriate protocol.
- B. New onset of seizures in a pregnant patient, especially in the third trimester, may indicate toxemia of pregnancy. Contact OLMC for consideration of **Magnesium Sulfate**. Normal dose is 4 grams slow IV over 1-2 minutes.
- C. Remember to check a pulse once a seizure stops. Seizure activity may be the sign of hypoxia or dysrhythmias.
- D. In newborns seizure most commonly is related to hypoglycemia, treat under hypoglycemia protocol.