



Base Hospital Contact: Required for status epilepticus or pregnant patients

1. Assess airway and initiate basic and/or airway maneuvers prn ([MCG 1302](#)) ①
2. Administer **Oxygen** prn ([MCG 1302](#))
3. Assess for signs of trauma
If traumatic injury suspected, treat in conjunction with [TP 1244-P, Traumatic Injury](#)
4. Initiate cardiac monitoring prn ([MCG 1308](#))
5. If seizure stops spontaneously prior to EMS arrival and no seizure witnessed by EMS:
Document Provider Impression – *Seizure - Post*
6. For active seizure witnessed by EMS: ② ③

0-11 months (Gray, Pink)

Midazolam (5mg/mL) 0.2mg/kg IM/IN, dose per [MCG 1309](#)
Repeat x1 in 2 min prn, up to 2 doses prior to Base contact

12-16 months (Red if age unknown)

1.25 mg or 0.25mL IM/IN repeat x1 in 2 min prn
Repeat x1 in 2 min prn, up to 2 doses prior to Base contact

17 months – 5 years (Purple, Yellow, White if age unknown)

Midazolam (5mg/mL) 2.5 mg or 0.5mL IM/IN
Repeat x1 in 2 min prn, up to 2 doses prior to Base contact

6-11 Years (Blue, Orange, Green if age unknown)

Midazolam (5mg/mL) 5mg or 1mL IM/IN
Repeat x1 in 2 min prn, up to 2 doses prior to Base contact

≥12 years (Longer than the length-based tape if age unknown)

Midazolam (5mg/mL) 10 mg or 2mL IM/IN
Single dose prior to Base contact

For patients with severe growth restriction (e.g., genetic disorder, severe malnutrition), administer weight-based dose per color code. ④

CONTACT BASE for persistent seizure and for additional medication orders: ⑤

May repeat **Midazolam** as above, maximum total of 3 doses or 20 milligrams, whichever is less.

Document Provider Impression – *Seizure – Active*, even if seizure spontaneously resolves

7. Establish vascular access prn ([MCG 1375](#))
8. For persistent seizure or persistent ALOC:
Check blood glucose



Treatment Protocol: SEIZURE

Ref. No. 1231-P

If < 60mg/dL or > 250mg/dL, treat in conjunction with *TP 1203-P, Diabetic Emergencies*

9. Complete Paramedic Self Report, <https://redcap.link/lacpedi-dose>





SPECIAL CONSIDERATIONS

- ① Children with seizure may develop apnea; therefore, monitor oxygenation and ventilation including continuous pulse oximetry during seizure and after treatment with midazolam. Be prepared to initiate BMV.
- ② Active seizures, including febrile seizures, may include tonic and/or clonic activity or focal seizure with altered level of consciousness. Eye deviation, clenched jaw, lip smacking or focal twitching may be subtle signs of seizure.
- ③ Seizures may occur as a result of underlying medical problems or toxic ingestions. Please make every effort to obtain a medical history and determine all medications/drugs that the patient may have taken.
- ④ Severe growth restriction is determined on clinical assessment when a patient is much smaller in size than expected for age due to an underlying medical condition (e.g., genetic disorder, severe malnutrition). A child that is simply small for their age would not be considered to have severe growth restriction.
- ⑤ Vital signs vary by age and normal ranges can be found in [MCG 1309](#). Any pediatric patient with vital signs outside the normal range for age should be considered potentially ill and transported to an EDAP or PMC if criteria are met. Pediatric patients who continue to seize after administration of midazolam should be transported to a PMC.