


Section: **Adult Medical**  
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1. Basic ALS Treatments.
2. Specific ALS treatments:<sup>1</sup>
  - a. Position the patient to avoid an injury
  - b. If possible, place in the left lateral decubitus position
  - c. All seizure patients should receive supplemental **oxygen** to maintain oxygen saturation >94%
  - d. Benzodiazepine: (midazolam is preferred, but use what is available)
    - i. **Midazolam**:
      1. 2.5 mg IV/IN/IO/IM q10 minutes PRN
      2. Maximum dose of 15 mg.
    - ii. **Diazepam** (if midazolam is ineffective or unavailable):
      1. 5 mg IV/IO/IM q10 minutes PRN
      2. Maximum dose of 25 mg
3. After the first dose of benzodiazepine, check the patient for hypoglycemia.
  - a. If hypoglycemia is present, treat per **HCFR HYPOGLYCEMIA** Protocol
4. Reaching the maximum dose on a benzodiazepine is an indication of a complex patient, and you need to leave the scene if you have not already done so.
5. Contact Medic-1:
  - a. For doses of **diazepam** beyond 25 mg
  - b. For doses of **midazolam** beyond 15 mg
6. QA Points:
  - a. The onset of action following IV administration of midazolam occurs in 1.5—5 minutes.
  - b. Onset of action following IM midazolam is 5—15 minutes.
  - c. Never wait for longer than a few minutes of continuous seizure activity before beginning antiepileptic therapy.
  - d. Spinal precautions are not routinely necessary in all seizure patients.
  - e. The classical definition of status epilepticus is a single seizure lasting continuously for more than 30 minutes, or two or more seizures with no recovery of normal mental status and function in between episodes. The operational definition of status epilepticus in the pre-hospital setting should be simplified, and includes any seizure that continues from the initial 911 call until HCFR arrives on the scene, or any patient who remains postictal on our arrival and then experiences another seizure.

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<sup>1</sup> Michael GE. The Diagnosis and Management of Seizures and Status Epilepticus in the Prehospital Setting. *Emerg Med Clin North Am* - February, 2011; 29(1); 29-39