

SEIZURE (ACTIVE)	
ADULT	PEDIATRIC ($\leq 34\text{KG}$)
BLS	
<ul style="list-style-type: none"> Universal Protocol #601 Pulse Oximetry <ul style="list-style-type: none"> O₂ administration per Airway Management Protocol #602 Prevent patient from injuring themselves – Do not restrain 	Same as Adults
BLS Elective Skills	
Obtain Blood Sugar Level – if $<60\text{ mg/dL}$ see Altered Mental Status Protocol #612	
ALS Standing Orders	
<ul style="list-style-type: none"> Midazolam <ul style="list-style-type: none"> 5 mg SLOW IV or 5 mg IM/IN (split between nares) May repeat once after 5 min - for patients with persistent or recurrent seizure Obtain blood sugar level 	<ul style="list-style-type: none"> Midazolam <ul style="list-style-type: none"> 0.2 mg/kg SLOW IV not to exceed 5 mg 0.2mg/kg IM/IN (split between nares) not to exceed 5 mg May repeat once after 5 minutes for patients with persistent or recurrent seizure Not to exceed 5mg TOTAL Obtain blood sugar level
Base Hospital Orders Only	
<ul style="list-style-type: none"> Additional doses of Midazolam As needed For patients who are pregnant or up to 6 weeks post-partum presenting with active seizure (concerns for eclampsia) – request Magnesium Sulfate AND Midazolam <ul style="list-style-type: none"> Magnesium Sulfate 4 Gm IV over 20 minutes – See Notes 	<ul style="list-style-type: none"> Additional doses of Midazolam As needed
Notes	
<ul style="list-style-type: none"> Mixing instructions for Magnesium Sulfate IV for seizing patients with concerns for Eclampsia only: <ul style="list-style-type: none"> 2 Gm in 100 mL NS over 10 minutes followed by an additional 2 Gm in 100mL NS over 10 minutes for a total of 4 Gm over 20 minutes. Pediatric maximum volume of one (1) mL per nostril per atomization (0.2-0.3 mL per nostril is ideal) <ul style="list-style-type: none"> volumes $> 1\text{ mL}$ are more likely to saturate the mucosal surface causing medication runoff into the proximal pharynx 	