

SEIZURE

Indications

- Recurring or continuous generalized seizures with ALOC
- Status epilepticus (two or more successive seizures without a period of consciousness, or one seizure lasting longer than five minutes)

- ALS RMC
- ETCO₂ monitoring

**If seizing upon EMS arrival
(suspect status epilepticus):**

- **Midazolam** IM/IN: 5mg (2.5mg in each nostril if IN)
 - **MR x1 in 2 min** if still seizing
- Do not delay **Midazolam** administration for IV or IO insertion

If seizure starts after EMS arrival:

- **Midazolam**
 - IV/IO: 1 mg slowly over 20-30 seconds
 - **MR q3 min** until seizure stops or
 - **Max dose:** 0.05mg/kg
 - IM/IN: 5mg (2.5mg in each nostril if IN)
 - **MR x1 in 2 min** if still seizing

SPECIAL CONSIDERATIONS

- Consider treatable etiologies (hypoglycemia, hypoxia, narcotic overdose, unusual odor of alcohol, signs of trauma, medic alert tag) prior to administering anti-seizure medications.
- Expect and manage excessive oral secretions, vomiting, and inadequate tidal volume.
- Treatment should be based on the severity and length of the seizure activity.
- Focal seizures without mental status changes may not require pre-hospital pharmacological intervention.
- Never administer **Midazolam** rapid IV/IO since cardiac and/or respiratory arrest may occur.

**Midazolam Weight Based Chart-
MAXIMUM DOSING for IV/IO
only**

Kg	Lb	Dose (0.05mg/kg)
40-50	88-110	2-2.5mg
51-60	111-132	2.5-3mg
61-70	133-154	3-3.5mg
71-80	155-176	3.5-4mg
81-90	177-198	4-4.5mg
91-100	199-220	4.5-5mg
>100	>220	5mg