

**TREATMENT:**

- A. Treat per Universal Patient Care.
- B. If patient is in status seizure (continuous seizure or repetitive seizures without regaining consciousness):
  - Administer **Midazolam 10 mg IM**.
  - If seizure continues, may administer additional **Midazolam 5 mg IM/IV/IO q5 minutes** to maximum total dose of 20 mg. Contact OLMC if further doses are needed.

OR (if **Midazolam** is unavailable)

  - Administer **Lorazepam 4 mg IM**.
  - If seizure continues, may administer additional **Lorazepam 2 mg IM/IV/IO q5 minutes** to maximum total dose of 8 mg. Contact OLMC if further doses are needed.
- C. Check blood glucose and treat per Altered Mental Status protocol.
- D. All patients receiving sedating medications should be monitored on continuous cardiac, pulse oximetry, and capnography monitoring.
- E. Monitor patient's respiratory status closely after benzodiazapine administration.
- F. Place patient on their left side for transport.
- G. 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):
  - Administer **Midazolam 0.2 mg/kg IM** to a maximum initial dose of 10 mg. Contact OLMC if further doses are needed.
  - Administer **Midazolam 0.1 mg/kg IV/IO** to a maximum initial dose of 10 mg. Contact OLMC if further doses are needed.

OR (if **Midazolam** unavailable)

  - Administer **Lorazepam 0.1 mg/kg IM/IV/IO** to a maximum initial dose of 4 mg. Contact OLMC if further doses are needed.
  - Consider **Lorazepam 0.05-0.1mg/kg IV/IO/IM/IN** (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
  - 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.
  - **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 or postpartum patient may indicate toxemia of pregnancy. Refer to OB/GYN emergencies guideline. Do not delay initial dose of benzodiazapine.
- 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.
- E. Seizure patients should have cardiac, capnometry and SpO2 monitoring if available.