


Seizures

1. Follow **General Pre-hospital Care Protocol**.

2. **IF PATIENT IS ACTIVELY SEIZING:**

- A. Protect patient from injury.
- B. Do not force anything between teeth.


 C. Administer Midazolam 10 mg IM prior to IV start.

 D. If blood glucose is found to be less than 60 mg/dL or hypoglycemia is suspected:

- a. Administer Dextrose 25 gm IV.
- b. If no IV access, per MCA selection, administer glucagon 1 mg IM

Glucagon included?

☐ Yes ☒ No

 E. If patient is pregnant (eclampsia)

- a. Administer Magnesium Sulfate 2 gm over 10 minutes IV/IO until seizure stops. Administration of Magnesium Sulfate is best accomplished by adding Magnesium Sulfate 2gm to 100 or 250 ml of NS and infusing over approximately 10 minutes.
- b. If eclamptic seizure does not stop after magnesium, then administer benzodiazepine as specified below.

F. If IV already established and Midazolam IM has not been administered, administer

- a. Midazolam 5 mg IV/IO **OR**
- b. Lorazepam 2 mg slow IV push until seizure stops, per MCA selection.


Medication Options:
(Choose One)

☒ Midazolam 5 mg IV/IO

OR

☐ Lorazepam 2 mg IV/IO


G. If seizures persist

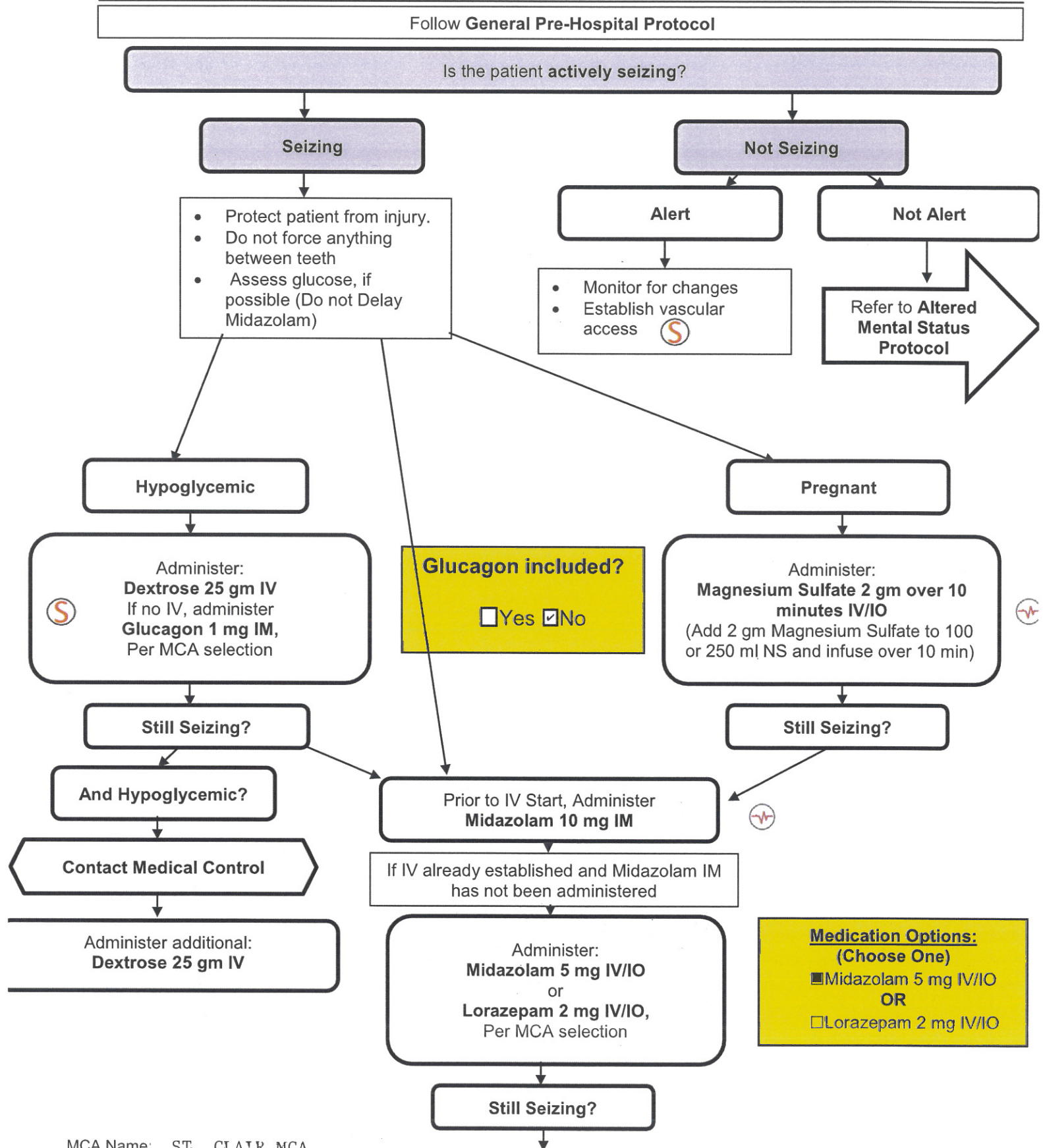
- a. Per MCA selection, repeat Midazolam 5mg IV/IO/IM **OR**
- b. Lorazepam 2 mg slow IV push until seizure stops
-  c. Contact medical control

3. **IF PATIENT IS NOT ACTIVELY SEIZING** and has/is:

A. Altered level of consciousness, refer to **ALTERED MENTAL STATUS PROTOCOL**.

B. Alert

- a. Monitor for changes
-  b. Obtain vascular access.



**Michigan
ADULT TREATMENT
SEIZURES**

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Section 3-4

