

SECTION: M-05

PROTOCOL TITLE: Adult Seizure Activity

REVISED: April 01, 2023

BLS SPECIFIC CARE: See adult General Medical Care Protocol M-1

- Administer oxygen (high flow if neurological deficits or altered mental status)
- Place the patient in recovery position and prevent accidental harm
- Anticipate brief combativeness or agitation in postictal phase
- Screen for probable causes
- Ensure safe environment for patient
- If patient is female, determine if she is pregnant or has recently delivered
- Assess blood glucose

AEMT/ O.M. SPECIFIC CARE: See adult General Medical Care Protocol M-1

ALS SPECIFIC CARE: See adult General Medical Care Protocol M-1

Anticonvulsant Therapies (for the actively seizing patient)

- Diazepam (Valium):
 - IV/IO: 2-10 mg, every 5-10 minutes PRN
 - PR/IM: 5-10 mg, every 5-10 minutes PRN
 - Max of 20 mg
- Midazolam (Versed):
 - IV/IO: 0.5-2.5 mg, repeat PRN to a max of 10 mg
 - IN (intranasal) 5mg (2.5 mg each nare) to maximum total dose 10 mg
 - IM: 5 mg (If no vascular access)
- Lorazepam (Ativan):
 - IV/IO: 1-2 mg, repeat PRN to a max of 2 mg
 - **May be repeated in 10 minutes to a maximum dose of 4 mg**
 - IM: 1-2 mg (If no vascular access)
- **If the maximum dose of a benzodiazepine is reached without seizure control, call medical control to switch to a different benzodiazepine.**

Additional Therapies:

- Dextrose IV/IO: (If hypoglycemia is present)
 - 25 g administered slowly through the distal port of a free flowing IV line
- Glucagon IM: (If hypoglycemia present and unable to obtain IV access)
 - 1 mg (U)

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PHYSICIAN PEARLS:

IM Versed is absorbed quicker than IM Valium. Consider using Versed when there is no vascular access.

Complete a detailed neurological assessment as patient condition allows.

If unable to control seizures after max dose of any single benzodiazepine, call medical control to continue with another benzodiazepine.

ADULT SEIZURE ACTIVITY