

Michigan
Adult Treatment Protocols
SEIZURES

Date: November 15, 2012

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Seizures

Pre-Medical Control

MFR/EMT/SPECIALIST/PARAMEDIC

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.

SPECIALIST/PARAMEDIC

- C. If blood glucose is found to be less than 60 mg/dl or hypoglycemia is suspected:
 - a. Administer dextrose 50%, 25 gms (50 ml) IVP.
 - b. If no IV access, per MCA selection, administer glucagon 1 mg IM

PARAMEDIC

- D. If patient is pregnant (eclampsia)
 - a. If seizure occurs, 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 eclampsia seizure does not stop after magnesium, then administer benzodiazepine as specified in E below.
- E. Administer Midazolam 10 mg IM prior to IV start, if patient is actively seizing.
- F. If IV already established and Midazolam IM has not been administered, administer Midazolam, Lorazepam or Diazepam slow IV push until seizure stops, per MCA selection.

Medication Options:

(Choose One)

- ☐ Midazolam 5 mg IV/IO
- OR**
- ☐ Lorazepam - 4 mg IV/IO
- OR**
- ☐ Diazepam - 10 mg IV/IO or rectally

Glucagon

1 mg IM

- ☐ Included
- ☐ Not Included

- G. If seizures persist, per MCA selection, repeat Midazolam, Lorazepam or Diazepam at the same dose or contact medical control for further instructions.

MFR/EMT/SPECIALIST/PARAMEDIC

3. **IF PATIENT IS NOT CURRENTLY SEIZING, BUT HAS ALTERED MENTAL STATUS REFER TO ALTERED MENTAL STATUS PROTOCOL.**

IF PATIENT IS ALERT:

SPECIALIST/PARAMEDIC

4. Obtain vascular access.

Post-Medical Control

Actively seizing:

1. Additional **Dextrose** 50%, 25 gms (50 ml) IVP.

MCA Name
MCA Board Approval Date
MDCH Approval Date
MCA Implementation Date

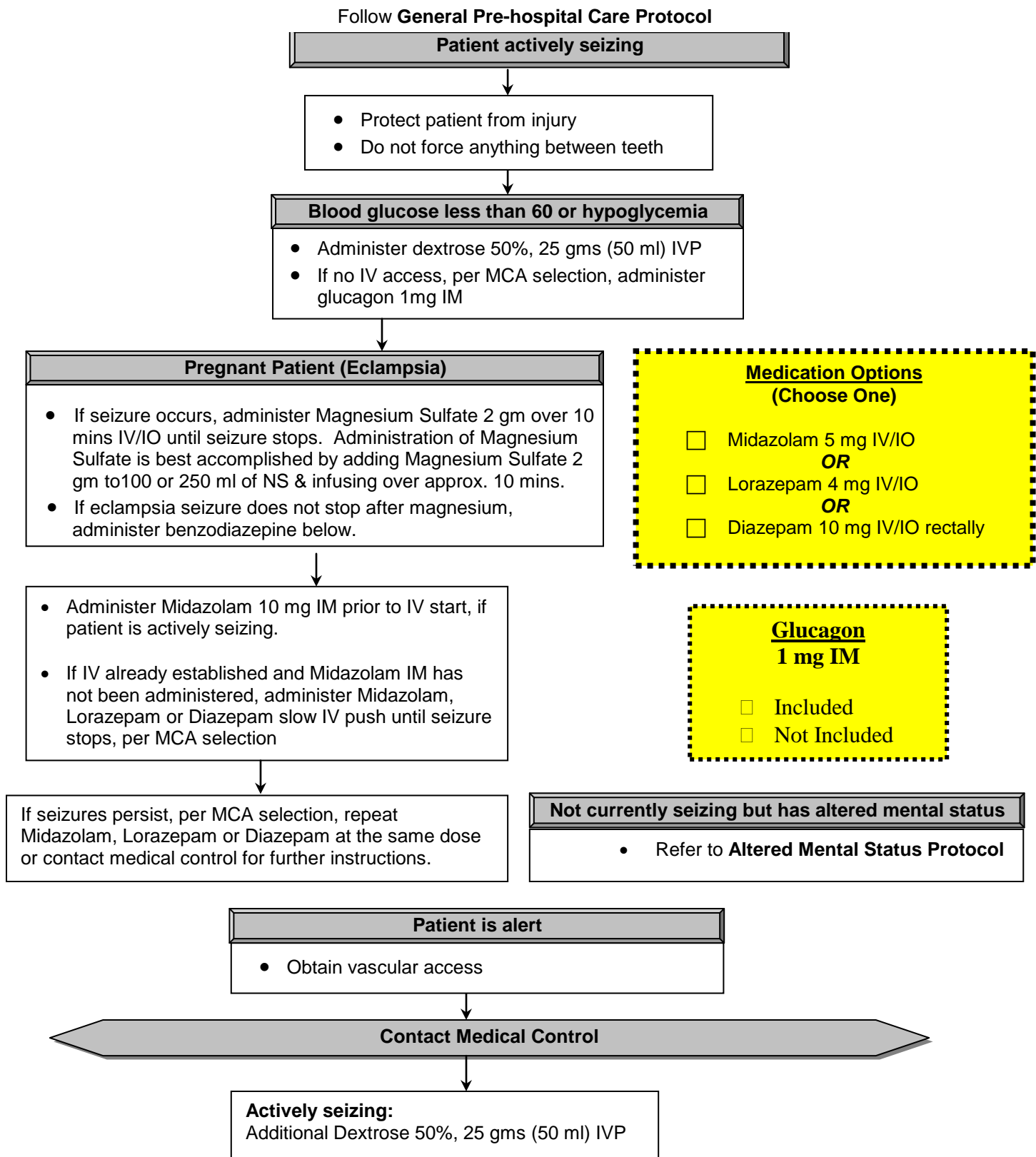


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