




## 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.

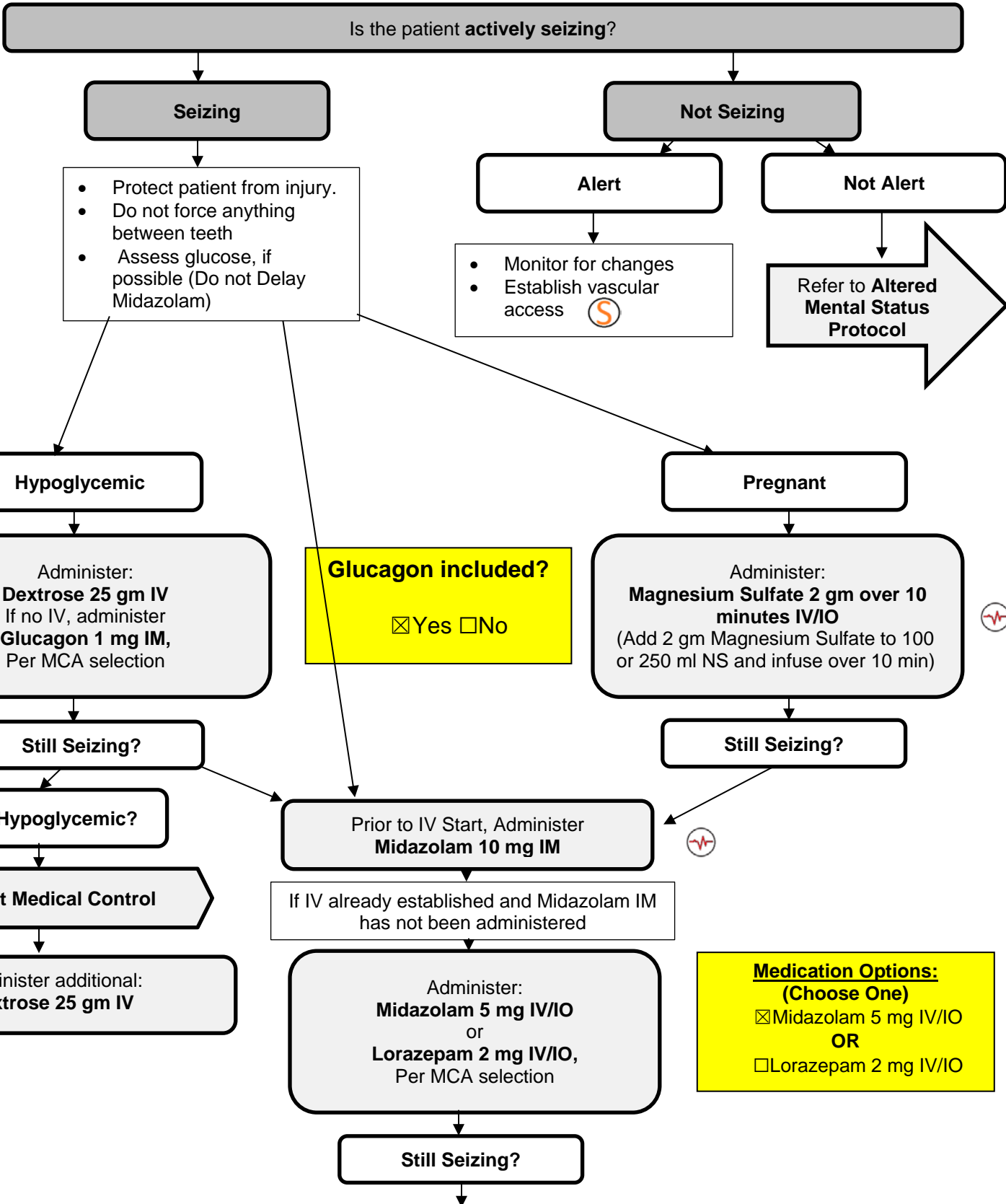
**Medication Options:**  
**(Choose One)**

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.

Follow **General Pre-Hospital Protocol**



**Michigan  
ADULT TREATMENT  
SEIZURES**

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Section 3-4

