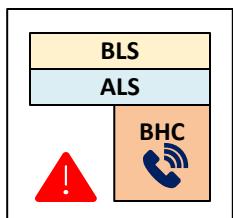


2.13 ADULT SEIZURE

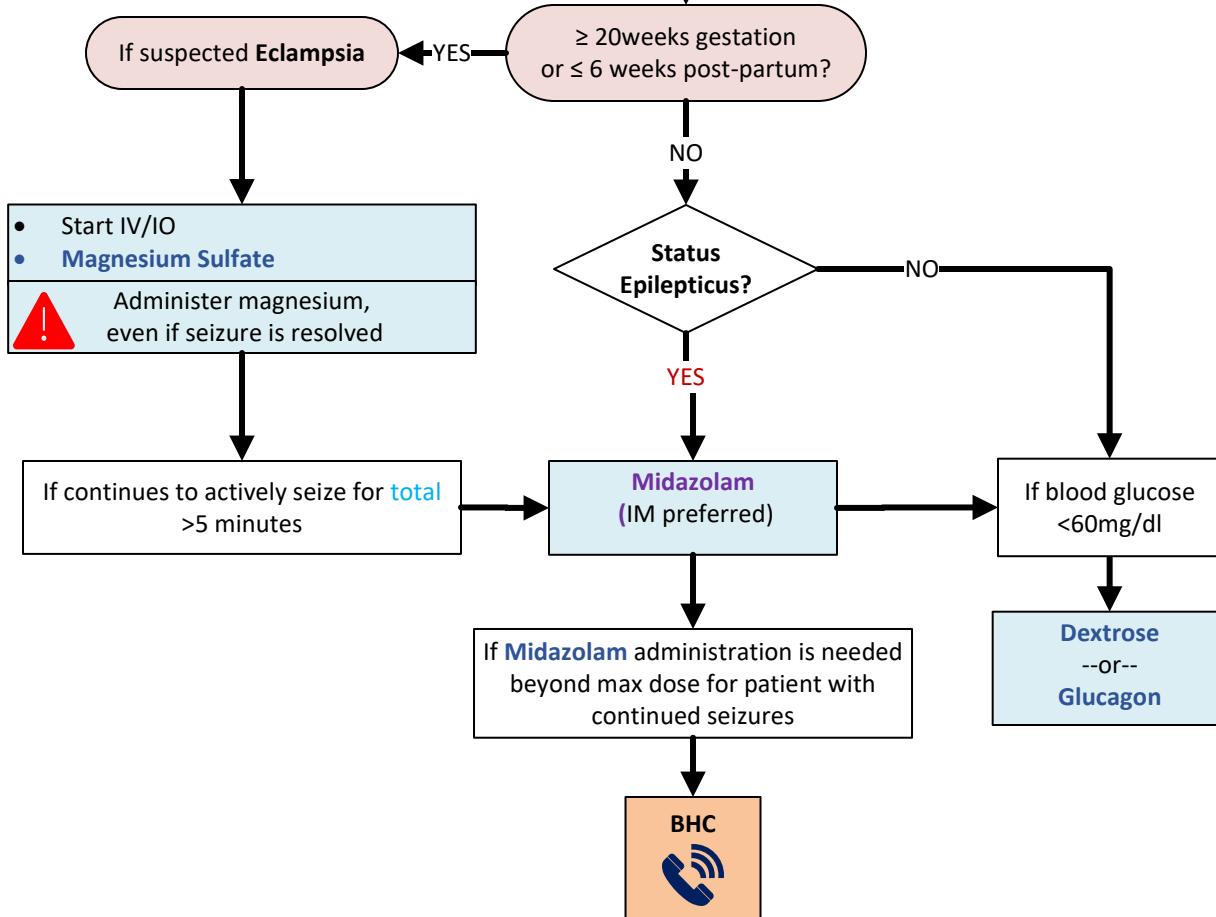


Obtain focus history including:

- Duration of current seizure
- Prior history of seizure
- Baseline seizure frequency and duration
- Current medications, including anti convulsant
- Recent trauma, heat exposure, toxin exposure or pregnancy

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- Suction airway as needed
- Oxygen as indicated
- Place patient on side and protect head while seizing
- Check blood glucose
- Call for ALS, if BLS resource



Comments

- Status Epilepticus** definition:
 - Continuous generalized tonic-clonic seizure activity lasting > 5 minutes. This includes patients who are seizing on EMS arrival because it can be assumed that they have been seizing for at least 5 minutes beforehand
 - Partial seizure activity >10 minutes
 - Multiple seizures without returning to baseline
- For patients with Eclampsia transport to OB receiving center
- For patients that are seizing, do not delay medication administration for IV access

2.13 ADULT SEIZURE EMSAM FEBRUARY 2026

General Assessment
<ul style="list-style-type: none">Obtain focused history including:<ul style="list-style-type: none">Duration of current seizurePrior history of seizures, diabetes or hypoglycemiaBaseline seizure frequency and durationCurrent medications, including anticonvulsantsRecent trauma, heat exposure, toxin exposure or pregnancy
BLS – General Management
<ul style="list-style-type: none">During active seizure, protect head, ensure safe environment and do not forcibly repositionIf signs of airway obstruction, perform chin-lift, jaw thrustSuction airway as neededOxygen as indicatedPlace patient on side and protect head while seizing.Check blood glucoseIn post-ictal phase, when unresponsive but breathing consider recovery position (lateral/semi-prone) prior to transportCall for ALS assessment, if BLS resource
ALS- General Management
<ul style="list-style-type: none">If actively seizing, do not delay IM/IN administration to start an IVIf BGL < 60 mg/dlDextrose IV/IO. Repeat as neededIf IV cannot be established, administer GlucagonEstablish IV/IO access with Normal Saline TKO

Status Epilepticus
Definition:
<ul style="list-style-type: none">Continuous generalized tonic-clonic seizure activity lasting > 5 minutes. This includes patients who are seizing on EMS arrival because it can be assumed that they have been seizing for at least 5 minutes beforehand.Partial seizure activity >10 minuteMultiple seizures without returning to baseline
ALS Management
For patients that are meeting status epilepticus criteria: <ul style="list-style-type: none">Midazolam 10 mg IM (preferred) 1/2 mg in each nostril 10 mg IV/IO slow IV push. For seizures that do NOT meet the definition of status epilepticus (e.g. including partial seizures or <10 minutes), no medication indicated.

Eclampsia
Definition: seizures that occur in pregnant women with preeclampsia. Characterized by new

2.13 ADULT SEIZURE

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onset tonic-clonic, focal or multifocal seizures in the absence of causative conditions such as hypoglycemia or drug/alcohol withdrawal in pregnant patients ~~Should be considered in any seizing pregnant patients~~ ≥ 20 weeks gestation or ≤ 6 weeks post-partum. Patients with eclampsia may not be hypertensive. ~~should be considered if patient greater than 20 weeks gestational age or up to six weeks postpartum. History of pre-eclampsia is not required for development of eclampsia.~~ → Administer

ALS Management

- **Magnesium Sulfate**
 - ~~6 grams in 100 ml D5W slowly over 5 minutes IV/IO~~
 - ~~if no IV access, 10 grams IM administered as 5g in each buttock~~
- If seizure ~~patient~~ last > 5 minutes ~~after magnesium sulfate given~~, administer **Midazolam**.
~~10 mg IM/IN (5mg in each nostril) 10 mg IV/IO slow IV push.~~

Comments Regarding Eclampsia

- ~~Seizure can be due to Eclampsia greater than 20 weeks gestational age or up to 6 weeks postpartum.~~
- ~~If actively seizing patient, give IM Magnesium do not delay administration for IV access.~~
- ~~Do not delay transport for treatment in cases of suspected eclampsia.~~
- ~~Maintain quiet, dim environment.~~

Base Hospital Contact Criteria

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