

2.13 ADULT SEIZURE

EMSAC OCTOBER 2025

General Assessment
<ul style="list-style-type: none"> ● Obtain focused history including: <ul style="list-style-type: none"> ○ Duration of current seizure ○ Prior history of seizures, diabetes or hypoglycemia ○ Baseline seizure frequency and duration ○ Current medications, including anticonvulsants ○ Recent trauma, heat exposure, toxin exposure or pregnancy
BLS Management – General Guidelines
<ul style="list-style-type: none"> ● If signs of airway obstruction, perform chin-lift, jaw thrust ● 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
ALS Management – General Guidelines
<ul style="list-style-type: none"> ● If actively seizing, do not delay IM/IN administration to start an IV ● If BGL < 60 mg/dl ● Dextrose IV/IO. Repeat as needed ● If IV cannot be established, administer Glucagon ● Establish IV/IO access with Normal Saline TKO

Status Epilepticus
<p>Status Epilepticus definition:</p> <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 minute ● Multiple seizures without returning to baseline
ALS Treatment
<p>For patients that are meeting status epilepticus criteria:</p> <ul style="list-style-type: none"> ● Midazolam 10 mg IM (preferred)/IN (5mg in each nostril)-10 mg IV/IO slow IV push. <p>For seizures that do NOT meet the definition of status epilepticus (e.g. including partial seizures or <5 minutes), no medication indicated.</p> <ul style="list-style-type: none"> ● Midazolam 5mg IM/IV/IO. Should repeat dose X1 if seizure not aborted at 5 minutes from symptom onset (see status epilepticus)

Eclampsia
<p>For patients \geq 20weeks gestation or \leq 6 weeks post-partum consider Eclampsia: 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</p>

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ALS Treatment

- **Magnesium Sulfate**
 - 6 grams in 100 ml D5W slowly over 5 minutes IV/IO
 - if no IV access, 10 grams IM administered as 5mg 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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