SEIZURE

Link to legend will be added before finalized

DRAFT EMSAC AUGUST 2026

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, infection, toxin exposure or pregnancy

- 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

Eclampsia?
≥ 20weeks gestation
or ≤ 6 weeks post-partum?

YES

- Start IV/IO
- **Magnesium Sulfate**
  Administer magnesium even if seizure is resolved

NO

Status Epilepticus?

If continues to actively seize

YES

NO

Midazolam
(IM preferred)

--OR—
Diastat rectal gel
(May assist parents/caretakers if prescription is up to date and weight verified)

If blood glucose <60mg/dl

Dextrose
--or--
Glucagon

Transport to ED

If **Midazolam** administration is needed beyond max dose for patient with continued seizures

BHC

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 that are seizing, do not delay medication administration for IV access
- Febrile seizures may occur in patients 6 months-5 years of age and are usually self-limited, resolving within 1-2 minutes. Antipyretics have no seizure-preventive benefit.
- Diastat rectal gel may be prescribed for patients >2 years of age and prescribed dose is dependent on age/ weight.
- For patients with Eclampsia transport to OB receiving center

Effective: xx/xx/
Supersedes:4/1/25