

SEIZURES

Most seizures are generalized motor seizures lasting less than 1-2 minutes, and may be the result of noncompliance, alcohol or drug withdrawal, hypoglycemia, drug overdose, or many other disorders. Initial care is directed at preventing harm during the seizure, and then preventing or treating recurrent or persistent seizures.

1. Treatment:

- a. Protect the airway from aspiration. Turn patient on side and suction if necessary.
- b. Do not restrain, but provide protection during the tonic-clonic phase.
- c. Remove dangerous objects, pad over hard surfaces.
- d. Treatment: for active or recurrent seizures, status epilepticus (two or more seizures without regaining consciousness), or any seizure lasting over 5 minutes:
 - i. Maintain airway
 - ii. Administer **Oxygen**
 - iii. **Midazolam**: dosing options below
 1. IN 0.2 mg/kg up to 10mg of 5mg/ml ½ in each nostril,
 2. IM 0.2 mg/kg up to 10mg
 3. IV 0.1 mg/kg I.V up to 5 mg
 4. Pediatric kg. Weight estimation: 10 + (2 X Age in years)
 - iv. Reassure patient in postictal phase. Transport patient on side to protect airway
- e. Consider other causes and treat appropriately, i.e., hyperthermia or hypoglycemia
 - i. Check glucose, if <60 give 25grams **Dextrose** (50cc of 50% solution) (Pediatric dose: 2cc/kg D₂₅)
 - ii. Check temperature in pediatric patients.
 1. If febrile seizure suspected consider antipyretic.
 - i) Ibuprofen: 10mg/kg P.O. (Pt. > 6 mo.)
 - OR
 - ii) Acetaminophen: 15mg/kg P.O.

2. Contact Medical Control

- a. Medical Control Options:
 - i. If no response to initial doses of **Midazolam** after 5 minutes, administer subsequent IV or IM doses
 - i) IV: 0.1 mg/kg up to 5mg of 5mg/ml solution.
 - ii) IM: 0.2 mg/kg up to 10mg of 5mg/ml solution.

For releases see Protocol #4