



Neurological SEIZURE Practice Guideline

Patient Care Goals

1. Cessation of seizures in the prehospital setting
2. Maintain adequate oxygenation and ventilation
3. Minimize seizure recurrence
4. Minimize adverse events in the treatment of seizures in the prehospital setting

Patient Presentation:
Inclusion Criteria
 Seizure activity upon arrival of prehospital personnel OR new/recurrent seizure activity

Patient Management:
Midazolam IM*
 Pt weight 40 Kg or greater: 10 mg
 Pt weight LESS than 40 Kg: 0.25 mg/Kg
 Max single IM dose 10 mg

Midazolam IV/IO/IN*
 Pt weight 40 Kg or greater: 4 mg
 Pt weight LESS than 40 Kg: 0.1 mg/kg
 Max single IV/IO/IN dose 4 mg

**REPEAT DOSE x1 if seizure continues or recurs after 5 minutes*

Magnesium (eclamptic seizure)
 4G in 100mL IV/IO infusion over 10 minutes

Note: Pts pregnant ≥20 weeks to 6 wks postpartum who seize at any time are considered eclamptic regardless of seizure history

Consult OLMC if seizing continues (before full 5 minutes elapse)

Attempt to determine seizure cause
 AEIOU-TIPS V
 A - Airway, alcohol, arrest
 E - Epilepsy, electrolytes, endocrine
 I - Insulin
 O - Overdose, oxygen depletion, opiates
 U - Uremia (chronic renal failure)
 T - Trauma, tumors, temp
 I - Infection
 P - Psych, pseudoseizures
 S - Syncope, shock, stroke, sickle cell crisis
 V - Vascular, inadequate blood flow

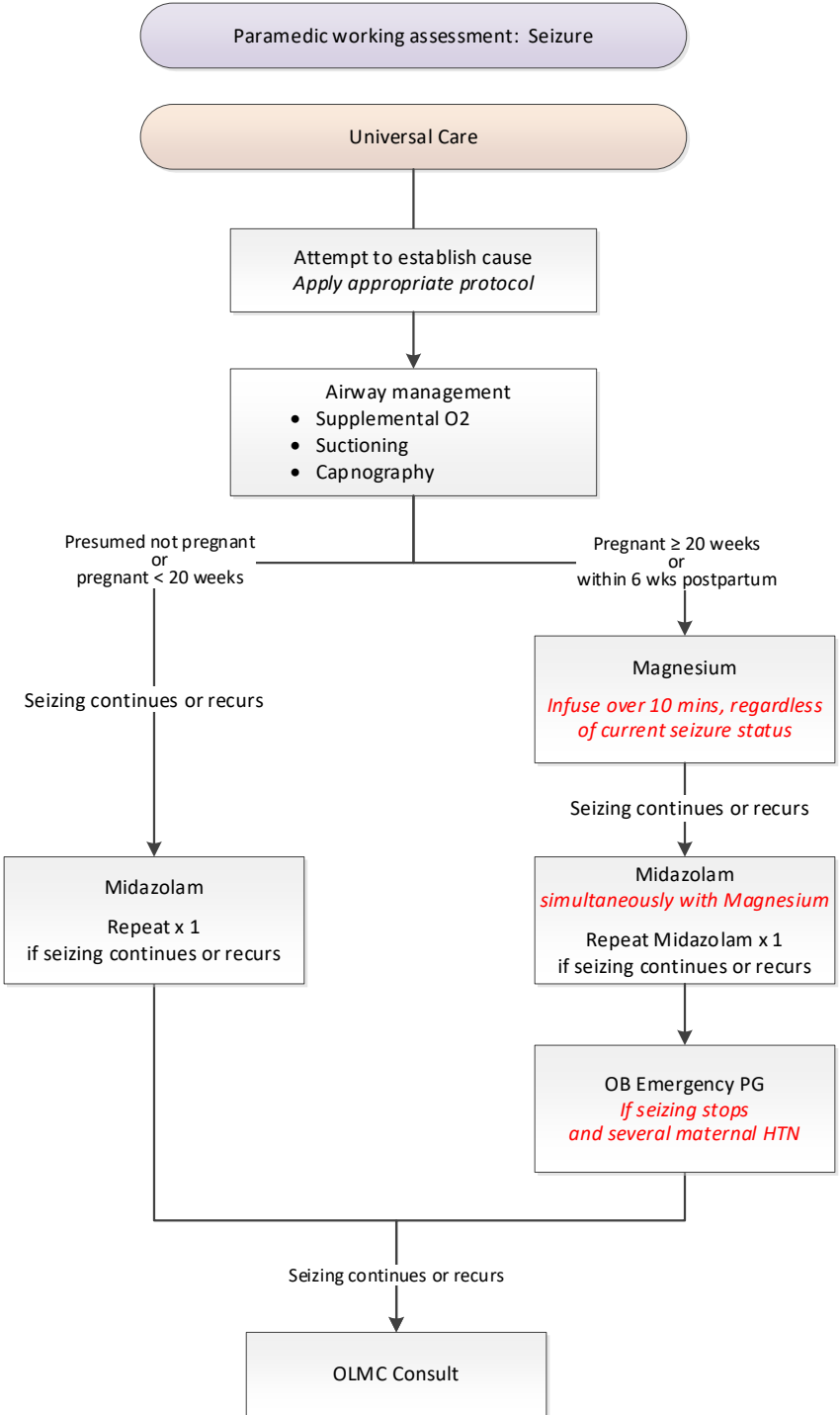
Status Epilepticus is defined as a seizure lasting greater than 5 minutes OR two or more successive seizures without a period of consciousness or recovery

Patient Safety Considerations:
 Capnography to assess for hypoventilation after midazolam
 MONITOR PEDIATRIC AIRWAYS CLOSELY, during active seizing AND post ictal period
 Pediatric patients w/febrile seizures rarely seize more than once
 If atypical seizure (i.e. focal seizure) is suspected, contact OLMC regarding medication administration

Pregnant or postpartum patients with seizures (≥20 wk gestation thru 6 wks postpartum) should be transported to the nearest hospital with obstetric services for concern of eclampsia and possible need for emergent delivery
Pt should be in FULL VIEW of provider during transport for ongoing monitoring of GCS, airway patency, seize recurrence

Quality Improvement:
 Key Documentation Elements

1. Seizure description, onset/termination times
2. Glucose assessment; treatment and response if low
3. GCS monitoring on arrival, after treatment, during transport
4. Seizure recurrence
5. Respiratory failure
6. Capnography



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