



Seizure

Medical

CRITERIA

Patient who is observed or suspected to have experienced a full body seizure

PROTOCOL

EMR	Follow <i>General – Universal Patient Care/Initial Patient Contact protocol</i> .	EMR
EMR	Provide spinal immobilization as indicated by traumatic injury.	EMR
EMR	Remove objects or furniture to protect patient from striking objects in the immediate area, but DO NOT restrain.	EMR
EMT	Obtain blood glucose level.	EMT
	If patient is hypoglycemic (glucose level less than 60 mg/dL), see <i>Medical – Altered Mental Status Protocol</i>	
	If patient is suspected narcotic overdose, see <i>Medical – Overdose/Poisoning/Toxic Ingestion protocol</i>.	
	If the patient is pregnant, see <i>OB/GYN – Eclampsia protocol</i>.	
I	If actively seizing, administer: Lorazepam (Ativan) 2 mg IV/IM/IO ; repeat dose in 5 minutes if seizure activity continues up to a total dose of 4 mg or Midazolam (Versed) 2 mg IN followed by 1 mg every 2 minutes until seizure activity stops up to a total dose of 5 mg (may be administered if no IV access has been obtained or is delayed).	I

PEARLS

Immediate transport is indicated in the following instances:

- The patient has inadequate airway, breathing, or circulation.
- The seizure is the result of an overdose, drowning, pregnancy, or trauma.
- The patient cannot be aroused following seizure or does not show progressive improvement.

DO NOT place objects in patient’s mouth or attempt to pry jaws open; **DO NOT** place fingers in patient’s mouth.

- Obtain vital signs frequently when administering anticonvulsants.
- Look for Vagus Nerve Stimulator implant on patient’s chest wall.
- When selecting a medication for treatment of the seizure, the provider may select the medication option of their choice based on delivery route available and assessment findings.
- IN medication may be given and then an IV may be considered for potential subsequent seizure activity; ensure maximum doses of medication are not exceeded regardless of the methods of delivery used.