

SEIZURE (ACTIVE)	
ADULT	PEDIATRIC (≤34KG)
BLS	
<ul style="list-style-type: none"> • Universal Protocol #601 • Pulse Oximetry <ul style="list-style-type: none"> ○ O₂ administration per Airway Management Protocol #602 • Prevent patient from injuring themselves – Do not restrain 	Same as Adults
BLS Elective Skills	
Obtain Blood Sugar Level – if <60 mg/dL see Altered Mental Status Protocol #612	
ALS Standing Orders	
<ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ 5 mg SLOW IV or ○ 5 mg IM/IN (split between nares) ○ May repeat once after 5 min - for patients with persistent or recurrent seizure • Obtain blood sugar level 	<ul style="list-style-type: none"> • Midazolam <ul style="list-style-type: none"> ○ 0.2 mg/kg SLOW IV not to exceed 5 mg ○ 0.2mg/kg IM/IN (split between nares) not to exceed 5 mg ○ May repeat once after 5 minutes for patients with persistent or recurrent seizure ○ Not to exceed 5mg TOTAL • Obtain blood sugar level
Base Hospital Orders Only	
<ul style="list-style-type: none"> • Additional doses of Midazolam • As needed • For patients who are pregnant or up to 6 weeks post-partum presenting with active seizure (concerns for eclampsia) – request Magnesium Sulfate AND Midazolam <ul style="list-style-type: none"> ○ Magnesium Sulfate 4 Gm IV over 20 minutes – See Notes 	<ul style="list-style-type: none"> • Additional doses of Midazolam • As needed
Notes	
<ul style="list-style-type: none"> • Mixing instructions for Magnesium Sulfate IV for seizing patients with concerns for Eclampsia only: <ul style="list-style-type: none"> ○ 2 Gm in 100 mL NS over 10 minutes followed by an additional 2 Gm in 100mL NS over 10 minutes for a total of 4 Gm over 20 minutes. • Pediatric maximum volume of one (1) mL per nostril per atomization (0.2-0.3 mL per nostril is ideal) <ul style="list-style-type: none"> ○ volumes > 1 mL are more likely to saturate the mucosal surface causing medication runoff into the proximal pharynx 	