Seizures

ADULT	PEDIATRIC
BLS Procedures	
Protect from injury. Maintain patent airway, and administer oxygen as indicated. For suspected pediatric febrile seizures begin passive cooling measures.	
ALS Standing Orders	

Consider IV/IO access
 	
Anticonvulsant Treatment - Initial
For active and persistent seizure activity.
• **Midazolam**
   o IM – 0.2 mg/kg, Max 10 mg
   o IV / IO – 0.1 mg/kg, Max 4 mg
 	
Anticonvulsant Treatment - Repeat
For continued or recurring seizure activity post initial anticonvulsant treatment
• **Midazolam**
   o IM– 0.1 mg/kg, Max 5 mg
   o IV / IO – 0.05 mg/kg, Max 2 mg
 	
Eclampsia Treatment
In addition to any indicated anticonvulsant treatment, patients 20 weeks gestation to one week postpartum, with active or resolved seizure activity.
• **Magnesium Sulfate**
   o IV / IO – 4 g in 50 mL D$_5$W over 10 min
      • Slow or stop infusion if bradycardia, heart block, or decreased respiratory effort occur.
	Consider IV/IO access
	
	Anticonvulsant Treatment - Initial
	For active and persistent seizure activity.
	• **Midazolam**
	   o IM – 0.2 mg/kg, Max 10 mg
	   o IV / IO – 0.1 mg/kg, Max 4 mg
	
	Anticonvulsant Treatment - Repeat
	For continued or recurring seizure activity post initial anticonvulsant treatment
	• **Midazolam**
	   o IM – 0.1 mg/kg, Max 5 mg
	   o IV / IO – 0.05 mg/kg, Max 2 mg

Base Hospital Orders only	
Consult with ED Physician for further treatment measures	

Additional Information:
- Route for anticonvulsant treatment –
  - The initial priority is cessation of seizure activity. When IV/IO access is not available IM is the preferred route to avoid delays in care.
  - When IV or IO access is available this is the preferred route.
  - Repeat doses should be administered IV/IO whenever possible.
- Patients with a known seizure disorder or uncomplicated, apparent pediatric febrile seizures, no longer seizing and with a normal postictal state, may not require ALS intervention.