### Seizures

<table>
<thead>
<tr>
<th><strong>ADULT</strong></th>
<th><strong>PEDIATRIC</strong></th>
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<tbody>
<tr>
<td><strong>BLS Procedures</strong></td>
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<tr>
<td>Protect from injury</td>
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<tr>
<td>Maintain/manage airway as indicated</td>
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<tr>
<td>Administer oxygen as indicated</td>
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<tr>
<td>For suspected febrile seizures, begin passive cooling measures. If seizure activity persists, see below:</td>
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<tr>
<td>Determine Blood Glucose level, and treat according to VC EMS policy 705.03 – Altered Neurologic Function</td>
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<tr>
<td><strong>ALS Standing Orders</strong></td>
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<tr>
<td>IV/IO access</td>
<td>Consider IV/IO access</td>
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<tr>
<td>If not already performed by BLS personnel, determine Blood Glucose level, and treat according to VC EMS policy 705.03 – Altered Neurologic Function</td>
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<tr>
<td>Persistent Seizure Activity</td>
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<tr>
<td>• <strong>Midazolam</strong> (Give to <em>actively seizing</em> pregnant patients prior to magnesium)</td>
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<tr>
<td>• IM – 0.1 mg/kg&lt;br&gt;Max 5 mg</td>
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<tr>
<td>• IV/IO – 2 mg&lt;br&gt;Repeat 1 mg q 2 min as needed&lt;br&gt;Max 5 mg</td>
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<td>FOR IV/IO USE:</td>
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<tr>
<td>Dilute 5 mg (1 mL) Midazolam with 4 mL NS for a final volume of 5 mL concentration of 1 mg/mL</td>
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<td><strong>20 weeks gestation to one week postpartum &amp; No Known Seizure History</strong></td>
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<tr>
<td>• <strong>Magnesium Sulfate</strong></td>
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<td>• IV/IOPB – 2 g in 50 mL D5W infused over 5 min&lt;br&gt;• MUST Repeat x 1&lt;br&gt;• Slow or stop infusion if bradycardia, heart block, or decreased respiratory effort occur</td>
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<td><strong>Base Hospital Orders only</strong></td>
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<td>Consult with ED Physician for further treatment measures</td>
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<td><strong>Additional Information:</strong></td>
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<td>• Patients with a known seizure disorder or uncomplicated, apparent pediatric febrile seizures, no longer seizing and with a normal postictal state, may be treated as a BLS call.</td>
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