

**MEHLVILLE FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

SUBJECT: 900.06 ORIGINAL ISSUE 5/08
MEDICAL EMERGENCIES: LATEST REVISION 11/15
SEIZURES

Pre-Hospital Actions (To occur as simultaneously as possible):

- Universal cardiac care with airway management as indicated.
- Obtain history: Time of onset, history of previous seizures, medications the pt takes, and other risk factors such as previous trauma, illness, fever or drugs abuse.
- Obtain IV access. If unsuccessful consider IO access.
- Obtain blood glucose.
- If blood glucose is less than 60, treat for hypoglycemia.
- If the patient is actively seizing and is not pregnant, give either:
 - Ativan/lorazepam 1-2mg IV. Contact Medical Control for additional doses.
 - Valium/diazepam 5 mg IV. Contact Medical Control for additional doses.
 - If unable to get IV access, Versed/midazolam 10mg intranasal (IN) (2 mL of the 5mg/mL concentration) using mucosal atomization device. Give half the dose (1 mL) briskly in each nostril.
- Benzodiazepines may not be safe in pregnant patients. Pregnant patients may require magnesium sulfate for seizure control. If the seizing patient is pregnant, call medical control for orders. 5g of magnesium sulfate is given over 20 minutes for eclamptic seizures. This may cause respiratory depression and the antidote is calcium.
- Continually observe respiratory status and assist ventilations if necessary.
- Consider administration of Narcan 0.4-2mg Sub-Q, IM, IV, or ETT. Narcan/Naloxone may also be administered using the Mucosal Atomization Device (MAD). When using the MAD, 1mg should be sprayed into each nostril. The MAD device may be used as the primary delivery mechanism for Narcan/Naloxone, but additional doses should be given IV.

STANDARD PRECAUTIONS MUST BE OBSERVED.