SEIZURE

**Indications**

- Recurring or continuous generalized seizures with ALOC
- Status epilepticus (two or more successive seizures without a period of consciousness, or one seizure lasting longer than five minutes)

**Special Considerations**

- Consider treatable etiologies (hypoglycemia, hypoxia, narcotic overdose, unusual odor of alcohol, signs of trauma, medic alert tag) prior to administering anti-seizure medications.
- Expect and manage excessive oral secretions, vomiting, and inadequate tidal volume.
- Treatment should be based on the severity and length of the seizure activity.
- Focal seizures without mental status changes may not require pre-hospital pharmacological intervention.
- Never administer Midazolam rapid IV/IO since cardiac and/or respiratory arrest may occur.

**If seizing upon EMS arrival (suspect status epilepticus):**

- **Midazolam IM/IN:** 5mg (2.5mg in each nostril if IN)
- **MR x1 in 2 min if still seizing**
- **Do not delay Midazolam administration for IV or IO insertion**

**If seizure starts after EMS arrival:**

- **Midazolam**
  - **IV/IO:** 1 mg slowly over 20-30 seconds
  - **MR q3 min until seizure stops or**
  - **Max dose:** 0.05mg/kg
  - **IM:** 5mg
  - **MR x1 in 2 min if still seizing**
  - **IN:** 5mg (2.5mg in each nostril)

**Midazolam Weight Based Chart—MAXIMUM DOSING for IV/IO only**

<table>
<thead>
<tr>
<th>Kg</th>
<th>Lb</th>
<th>Dose (0.05mg/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-50</td>
<td>88-110</td>
<td>2-2.5mg</td>
</tr>
<tr>
<td>51-60</td>
<td>111-132</td>
<td>2.5-3mg</td>
</tr>
<tr>
<td>61-70</td>
<td>133-154</td>
<td>3-3.5mg</td>
</tr>
<tr>
<td>71-80</td>
<td>155-176</td>
<td>3.5-4mg</td>
</tr>
<tr>
<td>81-90</td>
<td>177-198</td>
<td>4-4.5mg</td>
</tr>
<tr>
<td>91-100</td>
<td>199-220</td>
<td>4.5-5mg</td>
</tr>
<tr>
<td>&gt;100</td>
<td>&gt;220</td>
<td>5mg</td>
</tr>
</tbody>
</table>