Seizure

**History**
- Reported or witnessed seizure
- Previous seizure history
- Medical alert tag
- Seizure medications
- History of trauma
- History of diabetes
- History of pregnancy
- Time of seizure onset
- Document number of seizures
- Alcohol use, abuse, or abrupt cessation
- Fever

**Signs and Symptoms**
- Altered mental status
- Sleepiness
- Incontinence
- Observed seizure activity
- Evidence of trauma
- Unconscious
- Incontinence

**Differential**
- Head trauma
- Metabolic, hepatic or renal failure
- Tumor
- Hypoxia
- Electrolyte abnormality
- Drugs or medication non-compliance
- Infection or sepsis
- Alcohol withdrawal
- Eclampsia
- Stroke
- Hyperthermia
- Hypoglycemia

**Status Epilepticus**
- 2 or more seizures in ≤ 5 minutes
- Any seizure lasting > 5 minutes

If duration cannot be confirmed, patient should be assumed to be in status if actively seizing when you arrived.

1. Ensure scene safety
2. Loosen any constrictive clothing
3. Assess and manage ABCs
4. Cardiac monitor

**Status Epilepticus? (Confirmed or Suspected)**
- YES
  - Apply high flow O₂ via NRB
  - Initiate BVM ventilation for apnea or ongoing hypoxia
  - Midazolam
    - IM: 10mg (preferred route)
    - IN: 10mg (5mg in each nare)
    - IV/IO (if already established): 6mg – 8mg
  - If patient continues to seize, consider additional Midazolam with base contact

- NO
  - Monitor and reassess
  - Check blood glucose
  - SMR if indicated
  - Manage any traumatic injuries
  - If BGL ≤ 60mg/dl
    - Exit to Diabetic TG

**Notify receiving facility.**
**Contact Base Hospital for medical direction, as needed.**
Pearls

- Status Epilepticus is defined as two or more seizures without a period of consciousness or recovery, or one prolonged seizure lasting longer than 5 minutes. If patient is seizing upon EMS arrival this is likely status epilepticus. This is a true emergency requiring rapid airway control, treatment, and transport.
- Midazolam 10mg IM is effective in the termination of status epileptic. Do not delay IM administration to obtain IV or IO access in an actively seizing patient.
- Limit IN administrations to $\frac{1}{2}$ dose in each nare.
- Be prepared to assist ventilations or manage the airway, especially if Midazolam is used.
- For a seizure that begins in the presence of EMS, if the patient was previously conscious, alert and oriented, take the time to assess and protect the patient and providers and CONSIDER THE CAUSE. The seizure may stop, especially in patients who have prior history of self-limiting seizures. However, do not hesitate to treat recurrent or prolonged (> 5 minute) seizure activity.
- Assess the possibility of occult trauma and substance abuse.
- Grand Mal seizures (generalized) are associated with a loss of consciousness, incontinence, and oral trauma.
- Focal seizures (Petit Mal) affect only a part of the body and are not associated with a loss of consciousness.