

Seizures can result from a primary central nervous system disorder or may be a manifestation of a serious underlying metabolic or systemic disorder. The distinction is important, since treatment must be directed at the underlying cause as well as control of the seizure.

A. Active Seizures

General Care

EMR/BLS

1. Initial Assessment/Care (**Protocol 1**).
2. Protect the patient from injury. Place in the recovery position if no spinal injury is suspected.

ALS

3. Establish IV access (**Procedure 13**).
4. Administer **Midazolam (Versed), 5mg SLOW IV/IM, OR Diazepam (Valium), 5mg IV/IM** until seizures begin to diminish. This may be repeated once. DO NOT exceed 10 mg.
5. You may consider intranasal midazolam 0.2mg/kg/dose, max single dose 10mg (2ml). DO NOT administer more than 1ml per nostril.
6. Obtain a blood glucose level using a finger stick. If the glucose is <50 mg/dL, administer **50% Dextrose, 25grams IV. (Protocol 14)**.
7. If present, treat nausea and/or vomiting:
 - a. Zofran 4 mg SL (**Do not administer Zofran to pregnant females**) (**Medication 33**).

B. Transport Criteria

1. Patients meeting the following criteria will be transported ALS by Miami-Dade Fire Rescue:
 - a) First time seizures.
 - b) Failure to regain consciousness between seizures or a long period of unconsciousness following a seizure.
 - c) Patients suffering multiple seizures in twenty-four hours.
2. All other seizure patients assessed as being stable by Fire-Rescue personnel may be released to BLS transportation.