

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

BLS

1. Initial Assessment/Care ([Protocol 1](#)).
2. Protect the patient from injury. Place in the recovery position if no C-spine injury is suspected.
3. Open and maintain a patent airway (Protocol 7). Ventilate the respiratory depressed or apneic patient with Bag Valve Mask as needed.

ALS

4. Establish IV access ([Procedure 13](#)).
5. Administer **Versed (Midazolam) 0.1mg/kg IV/IO/IM (max single dose 5 mg)**. This may be repeated *once* in 5 minutes if the seizure continues (total dose 10mg).
6. Obtain a blood glucose level. If the glucose is ≤ 50 mg/dL, administer **D25%, 0.5-1 g/kg (2-4 mL/kg) (Protocol 36P)**.

*Note: 60 mL of D25% can be administered to the 9-year-old patient or 30mL of D50% can be administered.

MCP

7. Additional administration of benzodiazepines.

B. Transport Criteria

1. Patients meeting the following criteria shall be transported ALS by Miami-Dade Fire Rescue:
 - a) First time seizures. (This includes febrile 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.