

Kittitas County Prehospital EMS Protocols

SUBJECT: GRAND MAL SEIZURES/STATUS EPILEPTICUS

- A. If stable, administer O₂ @ 4-6 lpm per nasal cannula.
- B. If unstable, administer O₂ @ 12-15 lpm per non-rebreather mask.
- C. Physical assessment and history.
- D. Patient may have option of not being transported if ALL are verified:
 - seizure terminates spontaneously
 - patient has history of previous seizures with ongoing medical management of those seizures
 - adult is present, and
 - the overall clinical situation dictates
- E. If witnessed continuous seizure activity with respiratory compromise, or repetitive seizures without return of consciousness:
 1. Establish peripheral IV access with **Isotonic Crystalloid @ TKO.**
 2. Administer one of the following:
 - a. **Lorazepam, 1-4 mg,** slow IV push or IM. May repeat in 10-15 minutes.
 - b. **Midazolam** Weight based administration IV, IO, IM, and IN. May administer IN if unable to establish an IV or IO as secondary medication option for those unaffected by Lorazepam.

IV/IO/IM: Age < 55: Titrate slowly 0.1 mg/kg every 15 min. up to 0.5 mg/kg
Age > 55: Titrate slowly 0.05 mg/kg every 15 min. up to 0.25 mg/kg

IN: 0.2 mg/kg, not to exceed 5 mg (for pediatrics see “Pediatric Seizures”)
 3. Establish cardiac monitor.
 4. If medications prove ineffective to control seizure activity, consider RSI to protect airway and ensure adequate oxygenation.