	CCT-RN/Paramedic Treatment Guideline **1603/2603**
Seizures	**Page 1 of 2**

Evaluate patient as per **Seizure Protocol 4603**. However, prolonged or recurrent seizures or those that interfere with airway management should be treated:

A. Assess ABC's and vital signs per **MAMP Protocol 1201/2201**.

1. Ensure airway patency.
   a. Provide supplemental oxygen
   b. Suction airway as needed
   c. Consider nasopharyngeal airway
   d. Consider endotracheal intubation if patient does not respond to the treatment below and airway patency continues to be a problem; however, **DO NOT ADMINISTER LONG-TERM PARALYTICS (Vecuronium, Rocuronium) which may limit the ability to recognize continuing seizures.**

2. Establish IV access with 0.9% normal saline KVO.

3. Consider hypoglycemia.
   a. Check finger stick glucose. If glucose < 80, give dextrose per **Diabetic Emergencies Protocol 4604.**

B. Anticonvulsant Therapy.

1. Consider lorazepam (*Ativan*): ***(Note: This is the drug of choice)***
   Adult dose: 2 mg IV push. May repeat in 5 minutes if needed.
   Pediatric dose: 0.1 mg/kg IV push (max. dose 2 mg). May repeat in 5 minutes if needed,
   OR

2. Consider diazepam (*Valium*)
   Adult dose: 5 mg IV push, or rectal diazepam (*Valium*) 10 mg PR
   Pediatric dose: 0.2 mg/kg IV push, or rectal diazepam (*Valium*) 0.5 mg/kg PR (max. dose 10 mg).
   Note: Do not repeat rectal dose.

CCT Class 1:

3. If continued or recurrent seizures after initial anticonvulsant above has been given, and patient is not already on phenytoin (*Dilantin*), consider:
fosphenytoin (*Cerebyx*): Adult/Pediatric dose: 15 – 20 mgPhenytoinEquivalents/kg IV at a rate no greater than 150 mgPE/minute (max. dose 1000 mgPE).

4. If continued or recurrent seizures after *Cerebyx* loading, consider:
phenobarbital: Adult/Pediatric dose: 10 – 15 mg/kg slow IV, max. rate of 50 mg/min. Note: High incidence of respiratory depression with phenobarbital in addition to all the above meds. **Be prepared to intubate the patient.**

C. Observe and Reassess status:
Observe closely for respiratory depression and/or respiratory arrest, especially as multiple anticonvulsants are given. **Be prepared to intubate the patient.**

D. **Contact Medical Command** enroute with patient report, update of all treatments instituted, and ETA.