

# SEIZURE STANDING ORDER

Initiate immediate supportive care

**During seizure:** Protect airway, remove obstacles

**Post-seizure:** Oxygen to keep O<sub>2</sub> > 94%, cardiac monitor if available, blood glucose, EtCO<sub>2</sub> (if available)

## INCLUSION

- Status epilepticus/generalized seizure activity
- Focal seizure activity
- Febrile seizure
- Post ictal altered mental status

Seizure on EMS arrival

### Orders

Midazolam IM (1st choice)  
administer 0.2 mg/kg IM  
< 40 kg (max dose 5 mg IM)  
> 40 kg (max dose 10 mg IM)

May be given IN (max volume 1ml per nare)  
If IV access already established, or rectal Valium given prior to arrival, give ½ the above IM dose.

**If pregnant > 20 weeks or up to 6 weeks post partum also administer magnesium per OBGYN standing order.**

Obtain IV access after IM treatment administration if actively seizing

Continued seizure 5-10 min after initial medication  
OR  
Midazolam NOT available or NOT given

### Orders

Administer one additional dose of a single medication (listed in order of preference of use)

Midazolam:  
IM/IN repeat full dose; IV/IO half the initial dose

Lorazepam - IV/IO (over 2-5 minutes)  
< 13 kg: 0.05-0.1 mg/kg  
13-40 kg: 2 mg  
>40 kg and all adults: 4 mg

Diazepam IV (over 2-5 minutes)  
0.2-0.3 mg/kg (max of 5 mg)

**If received rectal Diazepam prior to arrival, half the above dose**

NO seizure on EMS arrival

New onset seizure

ALS transport

Single seizure with:

Known seizure disorder  
OR  
Fever in a child 6 months to 5 years old  
AND  
• Hemodynamically stable  
• Normal mental status

BLS transport

Special notes:

If patient deteriorates or no improvement – contact Medical Direction Authority

If available utilize EtCO<sub>2</sub> monitoring after medication administration.

If patient wishes to refuse – refer to [Refusal SO](#)