

AG27 Seizures

Objectives:

- To assess and treat patients with seizures
- To protect the airway of the seizing patient

General Information:

- Ativan (lorazepam) is the preferred drug for seizures
- Ativan (lorazepam)
 - a) Dilute in an equal amount of NS for IV/IO administration
 - b) Dose 2 mg slow IV push (over 2 minutes)
 - c) May be administered IM if IV/IO access is not available. Do not dilute if administering IM
 - d) May repeat with physician order up to max dose of 8 mg
 - e) Medical control may order 1 mg for post seizure patients to prevent further seizures (I, P)
- Valium (diazepam)
 - a) Up to 5 mg slow IV push (over 2 minutes) titrate to desired effect; may repeat
 - b) May be administered IM if IV/IO access is not available
 - c) Reduce dose by 50% in elderly patients (age 65 or older)
- Versed (midazolam)
 - a) Dose 2 mg slow IV push (over 1 minute)
 - b) May be administered IM if IV/IO access is not available
- All patients receiving Valium, Versed or Ativan should have cardiac and SpO2 monitoring



Warnings/Alerts:

- Valium, Versed and Ativan all have potential to cause respiratory depression and bradycardia. For that reason, patients receiving these drugs should be on cardiac and SpO2 monitor with vital sign reassessment every 5 minutes
- Inadvertent arterial injection of Ativan may cause arteriospasm, resulting in gangrene and possible amputation
- Flush IV lines thoroughly after Valium administration. Valium is incompatible with most drugs and precipitation is likely to occur

OMD Notes:

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References:

Mosby's Paramedic Textbook, 3rd edition (revised), pages 1313, 1329 and 1333

Performance Indicators:

Length and Frequency of Seizure

Blood Glucose Level

Treatment and Response to Treatment

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