

1) Routine Medical/Trauma Assessment.

2) Use appropriate airway management.

3) Pulse oximetry

a) Administer oxygen to maintain pulse oximetry above 94%

4) Check the patient's blood sugar. If the blood sugar is less than 70 mg/dl, administer 25 grams/ 50 ml of D50W IV.

- Pediatric patients under 5 years old administer 1 gram/Kg of D25W IV/IO

5) If seizure continues despite adequate pulse oximetry and blood glucose levels,

- Establish IV or saline lock
- Administer Versed 2 mg IV/IN
- IV unobtainable administer Versed 4 mg IM

*NOTE: Drug induced seizures may need to have multiple incremental doses of Versed up to 8 mg IV/IO/IN maximum.*

6) For Pediatric patients 0.1 mg/kg IV/IN and for IM 0.2 mg/kg.

- Maximum Pediatric dose shall not exceed the adult dose

7) If seizures continue, apply cardiac monitor.

8) If the patient is greater than 20 weeks pregnant or up to two weeks post partum, and has a blood pressure >140/90, and is seizing, administer 2 grams magnesium sulfate SLOW IV push.

*NOTE: To mix the magnesium sulfate, draw up 4 cc of magnesium sulfate in a 10 cc syringe. Draw up 6 cc of normal saline and administer the 10 cc dose of 20% magnesium sulfate SLOWLY.*