EMS System for Metropolitan Oklahoma City and Tulsa
2025 Medical Control Board Treatment Protocols

EMERGENCY
MEDICINE
UNIVERSITY OF OKLAHOMA
✱ EMS SECTION

Approved 9/04/24, Effective 1/15/25, replaces all prior versions

6D - SEIZURE
ADULT & PEDIATRIC

EMERGENCY MEDICAL DISPATCHER
EMERGENCY MEDICAL RESPONDER
EMT
EMT-INTERMEDIATE 85
ADVANCED EMT
PARAMEDIC

EMD

KEEP PATIENT FREE FROM INJURY HAZARDS
AVOID PLACING ANYTHING IN MOUTH
PLACE IN RECOVERY POSITION POST SEIZURE

TREATMENT PRIORITIES

1. Vital signs
2. O_2
3. Dextrose for hypoglycemia
4. Benzodiazepine for sustained, active seizure

EMR	EMT

GENERAL SUPPORTIVE CARE
OBTAIN VITAL SIGNS
O_2 VIA NC or NRB AS APPROPRIATE
APPLY CARDIAC MONITOR (if equipped)
EMT OR HIGHER LICENSE:
MEASURE END-TIDAL CO_2 & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated)

EMT-I85	AEMT

IV ACCESS
ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS
ADULT: IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA,
ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA
PEDIATRIC: IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg
PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA

HYPOGLYCEMIA (GLUCOSE <50 mg/dL) - **ADULT & PEDIATRIC**
D10 5 mL/kg IVPB WIDE OPEN UP TO 250 mL OR
D25 2 mL/kg IV/IO UP TO 100 mL (must be ≥ 1 year of age) OR D50 1 mL/kg IV/IO UP TO 50 mL (must be ≥ 25 kg)
IF NO VASCULAR ACCESS OBTAINED & IF IO SEEMS EXCESSIVE TO CLINICAL STATUS:
GLUCAGON: IF PT WT ≥25 kg, 1mg IM; <25 kg, 0.5 mg IM
ADULT & PEDIATRIC: REPEAT DETERMINATION OF BLOOD GLUCOSE POST-HYPOGLYCEMIA TREATMENT

PARAMEDIC

EVALUATE FOR OTHER ALTERED MENTAL STATUS ETIOLOGIES. TREAT PER APPROPRIATE PROTOCOL(S)

ADULT: MIDAZOLAM 0.1 mg/kg IM/IVP/IOP TO MAX OF 5 mg FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING.
ADULT: DIAZEPAM 5 mg IVP/IOP or 10 mg IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE.
MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING. **OR**
ADULT: LORAZEPAM 2 mg IVP/IOP/IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE.
MAY REPEAT X 1 IN 10 MINS IF STILL SEIZING.

PEDIATRIC: MIDAZOLAM 0.1 mg/kg IM/IVP/IOP TO MAX OF 5 mg FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING.
PEDIATRIC: DIAZEPAM 0.1 mg/kg TO MAX OF 5 mg IVP/IOP/IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE.
MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING. **OR**
PEDIATRIC: LORAZEPAM 0.1 mg/kg TO MAX OF 2 mg IVP/IOP/IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE
MAY REPEAT X 1 IN 10 MINS IF STILL SEIZING.

OLMC CONSULT IF SEIZURE CONTINUES DESPITE ABOVE TREATMENT

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)