EMS System for Metropolitan Oklahoma City and Tulsa
2027 Medical Control Board Treatment Protocols

Approved 9/2/26, Effective 1/15/27, replaces all prior versions

EMS Section

6D – Seizure

Adult & Pediatric

Treatment Priorities

1. Vital Signs
2. O2
3. Dextrose for hypoglycemia
4. Benzodiazepine for sustained active seizure

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

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 ENT-TIDAL CO^2 & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated)

EMT-I85 / AEMT

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 20 mL/kg BOLUS IF SYS BP < (70 + 2X age in years) mmHg

HYPGLYCEMIA (GLUCOSE <50 mg/dl) – ADULT & PEDIATRIC
D10 5 mL/kg IVPB WIDE OPEN UP TO 250 mL OR
D25 2Ml/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 ≥25kg, 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.
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 MNS IF STILL SEIZING
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 MINUTES IF STIL SEIZING.

OMD CONSULT FOR KETAMINE ADMINISTRATION IF SEIZURE CONTINUES DESPITE ABOVE TREATMENT
ADULT: KETAMINE 1.5 mg/kg TO A MAX OF 100 mg in 100mL NS, INFUSE OVER 5-10 MINUTES; CONSULT OMD FOR ADDITONAL ORDERS IF STILL SEIZING
PEDIATRIC: KETAMINE 1.5 mg/kg TO A MAX OF 100 mg in 100 mL NS, INFUSE OVER 5-10 MINUTES; CONSULT OMD FOR ADDITIONAL ORDERS IF STILL SEIZING

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)