

POLICY: 554.33  
TITLE: Status Seizures

EFFECTIVE: 07/01/2024  
REVIEW: 07/2027  
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 1

**STATUS SEIZURES**

- I. AUTHORITY  
Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE  
To serve as a patient treatment standard for EMRs, EMTs, and Paramedics within their scope of practice.
- III. PROTOCOL  
An actively seizing patient who has been seizing for more than ten minutes or an actively seizing patient with recurrent seizures, with no return to baseline mental status between seizures.

**Provider Key: F = First Responder/EMR      E = EMT      O = EMT Local Optional SOP**  
**P = Paramedic      D = Base Hospital Physician Order Required**

	F	E	O	P	D
<b>ASSESSMENT</b>	X	X	X	X	
<b>PULSE OXIMETRY:</b> apply and monitor.		X	X	X	
<b>CAPNOGRAPHY:</b> apply and monitor.				X	
<b>OXYGEN:</b> if pulse oximetry <94% or signs of respiratory distress or hypoperfusion.	X	X	X	X	
<b>POSITION:</b> place on left side if pregnant. Consider PREECLAMPSIA/ECLAMPSIA A71 if no history of seizure disorder.				X	
<b>ECG MONITOR:</b> lead placement may be delegated. Treat as indicated.				X	
<b>VASCULAR ACCESS:</b> IV/IO, rate as indicated.				X	
<b>MIDAZOLAM:</b> Do not delay for IV/IO access. <ul style="list-style-type: none"> <li>IM/IN – 10 mg. May repeat x 1 if seizure continues &gt; 5 minutes.</li> <li>IV/IO – 1-2 mg every 2 minutes until seizure stops or max 10 mg.</li> </ul>				X	
<b>TEST FOR GLUCOSE</b>		X	X	X	
<b>D10:</b> infuse 100 mL IV/IO if blood glucose < 70 mg/dL. Recheck blood glucose 10 minutes post infusion. If blood glucose < 70 mg/dL infuse remaining 150 mL.				X	