Routine Patient Care.

If the blood glucose reading is <60 mg/dl, see Hypoglycemia Protocol 2.9P.

If midazolam intranasal or diazepam rectal gel (Diastat) has been prescribed by the patient’s physician, assist the patient or care giver with the administration in accordance with the physician’s instructions.

If the patient has an implanted vagus nerve stimulator (VNS), suggest that family use the VNS magnet to activate the VNS and assist if required.

- The VNS magnet should “hover” (moving randomly like a bee around a hive) over the implanted disc for a slow count of three seconds; if unsuccessful, repeat every 3 – 5 minutes for a total of 3 times.
- Note: do not delay medication administration.

While seizure activity is present, consider:

- *Midazolam 5 mg/mL concentration (IM or IN preferred):
  - 0.2 mg/kg IM/IN (single maximum dose 8mg) repeat every 5 minutes; or
  - 0.1 mg/kg IV (single maximum dose 4 mg) repeat every 5 minutes, OR
- Lorazepam 0.1 mg/kg IV (single maximum dose 4 mg) repeat every 5 minutes, OR
- Diazepam 0.1 mg/kg IV (single maximum dose 10 mg IV) repeat every 5 minutes.

PEARLS:

- Do not attempt to restrain the patient; protect them from injury.
- History preceding a seizure is very important. Find out what precipitated the seizure (e.g., medication non-compliance, active infection, trauma, hypoglycemia, poisoning).
- **Status epilepticus** is defined as any generalized seizures lasting more than 5 minutes. This is a true emergency requiring rapid airway control, treatment (including benzodiazepines), and transport.
- IM/IN is the preferred route for midazolam where an IV has not been previously established.
- IM midazolam should be administered to the lateral thigh.
- Diazepam and lorazepam are not well absorbed IM and should be given IV.
- There is an increased risk of apnea with >2 doses of benzodiazepines.

*For IN administration of midazolam use a 5 mg/mL concentration.

Do NOT routinely place an IV/IO for the actively seizing patient (unless needed for other reasons).