



RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: March 21, 2012

Subject: Changes to Statewide ALS Protocol 7007-Seizures

VTR#: 0312-05

Committee/Task Force: Medical Advisory

Recommended Goal

Recommended Policy Change

Other:

Recommendation:

The Department of Health should amend Statewide ALS Protocol 7007-Seizures to include an option for intramuscular administration of midazolam in adults to resolve seizure activity.

Rationale [Background]:

Midazolam is an effective benzodiazepine that is an approved medication for ALS ambulance services in Pennsylvania; indications for its use include sedation and termination of seizure activity.

In the February 16, 2012 edition of the New England Journal of Medicine, Silbergleit et al described the results the multi-center "Rapid Anticonvulsant Medication Prior to Arrival Trial" (RAMPART), which included ALS agencies and emergency departments in Pennsylvania (Intramuscular versus Intravenous Therapy for Prehospital Status Epilepticus). The study looked at the effectiveness of intramuscular Midazolam compared to intravenous Lorazepam to resolve status epilepticus; it concluded that, "For subjects in status epilepticus, intramuscular midazolam is at least as safe and effective as intravenous lorazepam for prehospital seizure cessation."

In the current PA Statewide ALS Protocol administration of midazolam for seizure activity per Protocol 7007 is limited to IV/IO/IN routes for adults. The MAC proposes that the adult section of Protocol 7007 be amended to include an option for 10 mg of intramuscular midazolam, which is consistent with the dosage used in the study.

Medical Review [Concerns]:

This recommendation received unanimous MAC support.

Fiscal Concerns:

For ALS agencies that already include midazolam in their formulary this recommendation does not represent any increase in cost. For agencies that do not stock midazolam, this recommendation does not mandate the addition of the drug to their formulary as it would be only one of several available options for termination of seizure activity.

Educational Concerns:

ALS Agency Medical Directors should be tasked to educate their providers on the change to Protocol 7007 and advise their providers if this option will be available to them.

Plan of Implementation:

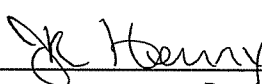
Upon acceptance of this recommendation, the Department of Health should:

1. Issue interim guidance in 2012 by EMS Information Bulletin announcing the revision to Protocol 7007 and attach an updated copy of the protocol.
2. Incorporate change to this protocol during the next scheduled comprehensive update of the statewide protocols scheduled for 2013.

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

Board Meeting Comments/Concerns:

No comments or concerns expressed.

Signed:  Henry ^{PEHSC}
President

Date 4/2/12

For PEHSC Use Only – PA Department of Health Response

Accept: _____ Table: _____ Modify: _____ Reject: _____

Comments:

Date of Department Response: _____