POLICY: 554.33
TITLE: Seizures

EFFECTIVE: 12/23/20
REVIEW: 12/2020
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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 5 minutes, or an actively seizing patient with recurrent seizures, with no reawakening in between seizures is defined as Status Epilepticus.

Seizures from any cause are managed similarly, including those caused by epilepsy, infection, fever, intoxication, poisoning, or eclampsia.

EMR STANDING ORDERS	
Patient Assessment	Circulation, Airway, Breathing. Assess Vitals q5 minutes
Airway Control	Prepare to suction if needed
Oxygen Administration	Provide oxygen if appropriate
Position	Place on left side if possible, protect patient from injury
EMT STANDING ORDERS	
Note	Must perform items in EMR standing orders if applicable
Glucometer	Check blood sugar
Pulse Oximetry	Report initial reading to paramedic
Temp	Consider sepsis for any altered patient

PARAMEDIC STANDING ORDERS	
Note	Must perform items in EMR and EMT standing orders if applicable
Monitor	Treat rhythm as appropriate
IV/IO access	TKO
Midazolam	If Status Epilepticus-Intravenous or intraosseous give 2.0 mg initial dose, titrate 1 mg increments for seizure control, for max dose of 6 mg. If unable to establish IV/IO, give 5 mg intranasal (2.5 mg in each nares) or a one-time dose of 5 mg intramuscular
Dextrose	25 gms IV/IO push – if blood glucose < than 60 mg/dl. May repeat once. Recheck blood glucose in 5 minutes after each dose
Glucagon	If no IV/IO access immediately available with blood glucose < than 60 mg/dl, give one (1) unit IM. May repeat once. Recheck blood glucose in 5 minutes after each dose
Base Physician Orders	**RELEASE-AT-SCENE Competent adults with normal vital signs, blood sugar, and mental status 10 minutes after ALS intervention, may be released if a cause of their condition and its solution has been identified. Refer to Refusal of EMS Service Policy 570.35.**

Clinical PEARLS:

- Intravenous access is preferred over Intraosseous unless patient is unstable
- Secure airway with simplest technique, i.e. BLS airway unless unable to manage