



SEIZURES

- A. Perform **Initial Treatment / Universal Patient Care Protocol**.
- B. Protect patient from injury and place on left side if decreased level of consciousness.
- C. Obtain history to help determine origin of seizure:
 - 1. Trauma.
 - 2. Suspected overdose: refer to **Ingestion/Poisoning/Overdose Protocol 6606**.
 - 3. History of seizures and is patient taking anti-seizure medications.
- D. If patient is actively seizing:
 - 1. Protect airway. **DO NOT** attempt placement of airway adjuncts during convulsions.
 - 2. Calm bystanders and family.
 - 3. Obtain key information and prepare for transport.
 - 4. Quickly assess serum glucose and treat per **Diabetic Emergencies Protocol 6604**.
 - 5. Expedite transport and contact **Medical Command**. 
 - 6. If seizure lasts longer than five (5) minutes or two (2) or more episodes of seizure activity occur between which the patient does not regain consciousness, request ALS backup without delaying transport and meet en route.
 - 7. If seizure continues, further treatment as **ordered by Medical Command Physician**. 
- E. If patient is not actively seizing:
 - 1. Monitor vital signs closely and be alert for recurrence of seizure.
 - 2. Transport.
 - 3. Perform remaining assessment, as indicated.
 - 4. Notify **Medical Command**.