

SEIZURES

- A. Perform **Initial Treatment / Universal Patient Care Protocol**.
- B. Protect patient from injury. 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 5606**.
 - 3. History of seizures and patient is taking anti-seizure medications.
- D. If patient is actively seizing:
 - 1. Protect airway. **Do Not** attempt intubation during convulsions.
 - 2. Calm bystanders and family.
 - 3. Obtain key information and prepare for transport.
 - 4. Quickly assess serum glucose with a glucometer and attempt to establish IV normal saline KVO or saline lock.
 - 5. If glucose level is < 60 mg/dl:

- a. Administer D50W, 25 gm IV.
- b. If no IV available, administer **Glucagon** 1 mg IM.



- 6. Expedite transport and contact **Medical Command**:

- 7. 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, administer:



- a. **Midazolam (Versed®)** 2 mg IV/IO/IM or 5 mg (IN) via atomizer.

NOTE: Midazolam may not be tolerated well in patients over 55 years of age. Doses should be initiated low and repeated as needed. Administration of these medications in patients > 55 years of age shall be as follows:

Midazolam (Versed®) 1 mg IV/IO/IM or 5 mg (IN) via atomizer.

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8. If seizure continues, further treatment as **ordered by MCP**.



E. If patient is not actively seizing:

a. Monitor vital signs closely and be alert for recurrence of seizure.

a. Transport.

b. Perform remaining assessment as indicated.

c. Notify **Medical Command**.