

Seizure

Protocol

Douglas County KS EMS System

November 2022

Referenced Procedures: None

Goals of Patient care

- Identify and begin to treat reversible cause of seizure
- Maintain adequate patient oxygenation and hemodynamics

Medication:

<u>ADULT Medications:</u>	<u>PEDIATRIC Medications:</u> Refer to HandTevy
<ul style="list-style-type: none">• Midazolam: 2-5 mg IVSP<ul style="list-style-type: none">◦ 5mg IM/IN may repeat X1• Normal Saline: 500mL, IV/IO for dehydration, hemodynamic instability	<ul style="list-style-type: none">• Midazolam: 0.2 mg/kg IVSP/IM/IN• Normal Saline: 20ml/kg, IV/IO for dehydration, hemodynamic instability

Procedures/Interventions

For actively seizing patient and for continued seizure activity:

- Secure Airway
 - Do not put anything in patient's mouth including "bite stick" or OPA
- Administer oxygen and assist ventilation as required
- Establish IV access/IO and consider fluid bolus
- Check blood sugar
 - If blood glucose <60 refer to Diabetic Emergency protocol
- Administer Versed if patient is actively seizing
 - ☎ Call Medical Control if max dose used without termination of seizure
- If medication is given IN, vascular access should be established when possible
- Assess vital signs frequently during transport

Considerations

Considerations for crews on scene prior to ambulance arrival.

1. Gather information
 - a. Duration of seizure, Full body or partial, seizure HX, Medications taken and compliance with medications, and any injuries.
2. Check BG and if below 60 refer to diabetic protocol
3. Pt's can refuse transport at any time. If pt's found to have normal vitals, BG, mental status without any other complaints consider cancelling ambulance response if department SOP/SOG's allow. If not ambulance should continue to obtain pt refusal.
4. Give full report to arriving Paramedic of all information gathered, treatments rendered, and whether the patient would like to be transported or not