



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.

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

<b>PARAMEDIC STANDING ORDERS</b>	
<b>Note</b>	Must perform items in EMR and EMT standing orders if applicable
<b>Monitor</b>	Treat rhythm as appropriate
<b>IV/IO access</b>	TKO
<b>Midazolam</b>	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
<b>Dextrose</b>	25 gms IV/IO push – if blood glucose < than 60 mg/dl. May repeat once. Recheck blood glucose in 5 minutes after each dose
<b>Glucagon</b>	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
<b>Base Physician Orders</b>	<b>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.</b>

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