

Treatment Protocols

Date: 07/01/2025

Seizure

Policy #9180A

Stable Systolic blood pressure >90 mmHg	Unstable Systolic blood pressure <90 mmHg, and/or signs of poor perfusion
Adult BLS Standing Orders	
<ul style="list-style-type: none"> • Universal Patient Protocol • Assess and control airway and breathing per Airway Policy • Oxygen PRN for pulse ox > 95% • Test glucose • Capnography • Gather history from patient, and if patient unable to provide history, ask bystanders, family or friends. Bring family or friends to hospital if available • Assess for traumatic injury. If present, go to Trauma Protocol • Note any medications, and gather any medication, alcohol, or drug bottles nearby • Determine date of last menstrual period • If postictal, transport in left lateral recumbent <p><u>HYPOGLYCEMIA, Glucose < 60 (adult), 60 (child), or 45 (neonate) dL/mg</u></p> <ul style="list-style-type: none"> • Administer glucose PO, if patient is alert, has a gag reflex, and can swallow: <ul style="list-style-type: none"> ○ Glucose paste on tongue depressor placed between cheek and gum ○ Granulated sugar dissolved in liquid • Reassess glucose following intervention 	<ul style="list-style-type: none"> • Universal Patient Protocol • Assess and control airway and breathing per Airway Policy • Oxygen PRN for pulse ox > 95% • Test glucose • Capnography • Gather history from patient, and if patient unable to provide history, ask bystanders, family or friends. Bring family or friends to hospital if available • Assess for traumatic injury. If present, go to Trauma Protocol • Note any medications, and gather any medication, alcohol, or drug bottles nearby • Determine date of last menstrual period • If postictal, transport in left lateral recumbent <p><u>HYPOGLYCEMIA, Glucose < 60 (adult), 60 (child), or 45 (neonate) dL/mg</u></p> <ul style="list-style-type: none"> • Administer glucose PO, if patient is alert, has a gag reflex, and can swallow: <ul style="list-style-type: none"> ○ Glucose paste on tongue depressor placed between cheek and gum ○ Granulated sugar dissolved in liquid • Reassess glucose following intervention
Adult LALS Standing Orders	
<ul style="list-style-type: none"> • Establish IV PRN • Capnography <p><u>HYPOGLYCEMIA</u></p> <ul style="list-style-type: none"> • Dextrose 25 gm IV if BS level < 60 mg/dL or unobtainable, MR x1 • Glucagon - 1 mg IM if no IV and BS level < 60 mg/dL or unobtainable • Reassess glucose following intervention 	<ul style="list-style-type: none"> • Establish IV • Capnography <p><u>HYPOTENSION</u></p> <ul style="list-style-type: none"> • NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of ≥ 90 mmHg <p><u>HYPOGLYCEMIA</u></p> <ul style="list-style-type: none"> • Dextrose 25 gm IV if BS level < 60 mg/dL or unobtainable, MR x1 • Glucagon - 1 mg IM if no IV and BS level < 60 mg/dL or unobtainable • Reassess glucose following intervention

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Adult ALS Standing Orders

<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO PRN • Capnography <p><u>PERSISTENT SEIZURE:</u></p> <ul style="list-style-type: none"> • Midazolam – (IV is preferred if available) <ul style="list-style-type: none"> ○ 10 mg IM/IN x1 (5 mg each nostril) <p>OR</p> <ul style="list-style-type: none"> ○ 5 mg slow IV/IO push. MR q5 minutes to a Maximum total dose of 10 mg IV/IO <p><u>ECLAMPSIA</u></p> <ul style="list-style-type: none"> • Pregnancy-related seizures should be administered magnesium per the Magnesium Administration for OB Emergencies protocol. 	<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO • Capnography • Obtain 12 Lead ECG <p><u>HYPOTENSION</u></p> <ul style="list-style-type: none"> • NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of ≥ 90 mmHg <p><u>HYPOGLYCEMIA</u></p> <ul style="list-style-type: none"> • Dextrose 25 gm IV if BS level < 60 mg/dL or unobtainable, MR x1 • Glucagon - 1 mg IM if no IV and BS level < 60 mg/dL or unobtainable <ul style="list-style-type: none"> • Reassess glucose following intervention <p><u>PERSISTENT SEIZURE:</u></p> <ul style="list-style-type: none"> • Midazolam – (IV is preferred if available) <ul style="list-style-type: none"> ○ 10 mg IM/IN x1 (5 mg each nostril) <p>OR</p> <ul style="list-style-type: none"> ○ 5 mg slow IV/IO push MR q5 minutes to a Maximum total dose 10 mg IV/IO <p><u>ECLAMPSIA</u></p> <ul style="list-style-type: none"> • Pregnancy-related seizures should be administered magnesium per the Magnesium Administration for OB Emergencies protocol.
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Adult Base Hospital Orders

- Additional midazolam dosing per **BH**
- Additional fluid boluses per **BH**
- Additional glucose dosing per **BH**

Notes:

- Consider meningitis in febrile adults or children (> 5 years old) with new seizures. Use appropriate PPE
- Do not place anything in patient’s mouths unless it is an airway device if they seized or are seizing
- Consider eclampsia in pregnant or immediately post-partum patients

APPROVED:

SIGNATURE ON FILE – 07/01/25

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