

**Treatment Protocols**

**Date: 07/01/2025**

**Seizure**

**Policy #9180A**

<p align="center"><b>Stable</b> Systolic blood pressure &gt;90 mmHg</p>	<p align="center"><b>Unstable</b> Systolic blood pressure &lt;90 mmHg, and/or signs of poor perfusion</p>
<p><b>Adult BLS Standing Orders</b></p>	
<ul style="list-style-type: none"> <li>• <b>Universal Patient Protocol</b></li> <li>• Assess and control airway and breathing per <b>Airway Policy</b></li> <li>• Oxygen PRN for pulse ox &gt; 95%</li> <li>• Test glucose</li> <li>• Capnography</li> <li>• Gather history from patient, and if patient unable to provide history, ask bystanders, family or friends. Bring family or friends to hospital if available</li> <li>• Assess for traumatic injury. If present, go to <b>Trauma Protocol</b></li> <li>• Note any medications, and gather any medication, alcohol, or drug bottles nearby</li> <li>• Determine date of last menstrual period</li> <li>• If postictal, transport in left lateral recumbent</li> </ul> <p><b><u>HYPOGLYCEMIA, Glucose &lt; 60 (adult), 60 (child), or 45 (neonate) dL/mg</u></b></p> <ul style="list-style-type: none"> <li>• Administer glucose PO, if patient is alert, has a gag reflex, and can swallow:                         <ul style="list-style-type: none"> <li>○ Glucose paste on tongue depressor placed between cheek and gum</li> <li>○ Granulated sugar dissolved in liquid</li> </ul> </li> <li>• Reassess glucose following intervention</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Universal Patient Protocol</b></li> <li>• Assess and control airway and breathing per <b>Airway Policy</b></li> <li>• Oxygen PRN for pulse ox &gt; 95%</li> <li>• Test glucose</li> <li>• Capnography</li> <li>• Gather history from patient, and if patient unable to provide history, ask bystanders, family or friends. Bring family or friends to hospital if available</li> <li>• Assess for traumatic injury. If present, go to <b>Trauma Protocol</b></li> <li>• Note any medications, and gather any medication, alcohol, or drug bottles nearby</li> <li>• Determine date of last menstrual period</li> <li>• If postictal, transport in left lateral recumbent</li> </ul> <p><b><u>HYPOGLYCEMIA, Glucose &lt; 60 (adult), 60 (child), or 45 (neonate) dL/mg</u></b></p> <ul style="list-style-type: none"> <li>• Administer glucose PO, if patient is alert, has a gag reflex, and can swallow:                         <ul style="list-style-type: none"> <li>○ Glucose paste on tongue depressor placed between cheek and gum</li> <li>○ Granulated sugar dissolved in liquid</li> </ul> </li> <li>• Reassess glucose following intervention</li> </ul>
<p><b>Adult LALS Standing Orders</b></p>	
<ul style="list-style-type: none"> <li>• Establish IV PRN</li> <li>• Capnography</li> </ul> <p><b><u>HYPOGLYCEMIA</u></b></p> <ul style="list-style-type: none"> <li>• <b>Dextrose 50%</b> - 25 gm IV if BS level &lt; 60 mg/dL or unobtainable, MR x1</li> <li>• <b>Glucagon</b> - 1 mg IM if no IV and BS level &lt; 60 mg/dL or unobtainable</li> <li>• Reassess glucose following intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Establish IV</li> <li>• Capnography</li> </ul> <p><b><u>HYPOTENSION</u></b></p> <ul style="list-style-type: none"> <li>• NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of ≥ 90 mmHg</li> </ul> <p><b><u>HYPOGLYCEMIA</u></b></p> <ul style="list-style-type: none"> <li>• <b>Dextrose 50%</b> - 25 gm IV if BS level &lt; 60 mg/dL or unobtainable, MR x1</li> <li>• <b>Glucagon</b> - 1 mg IM if no IV and BS level &lt; 60 mg/dL or unobtainable</li> <li>• Reassess glucose following intervention</li> </ul>

**Treatment Protocols**

**Date: 07/01/2025**

**Seizure**

**Policy #9180A**

**Adult ALS Standing Orders**

<ul style="list-style-type: none"> <li>• Monitor EKG</li> <li>• Establish IV/IO PRN</li> <li>• Capnography</li> </ul> <p><b><u>PERSISTENT SEIZURE:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Midazolam – (IV is preferred if available)</b> <ul style="list-style-type: none"> <li>○ 10 mg IM/IN x1 (5 mg each nostril)</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>○ 5 mg slow IV/IO push. MR q5 minutes to a Maximum total dose of 10 mg IV/IO</li> </ul> <p><b><u>ECLAMPSIA</u></b></p> <ul style="list-style-type: none"> <li>• Pregnancy-related seizures should be administered magnesium per the <b>Magnesium Administration for OB Emergencies</b> protocol.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitor EKG</li> <li>• Establish IV/IO</li> <li>• Capnography</li> <li>• Obtain 12 Lead ECG</li> </ul> <p><b><u>HYPOTENSION</u></b></p> <ul style="list-style-type: none"> <li>• NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of <math>\geq 90</math> mmHg</li> </ul> <p><b><u>HYPOGLYCEMIA</u></b></p> <ul style="list-style-type: none"> <li>• <b>Dextrose 50%</b> - 25 gm IV if BS level &lt; 60 mg/dL or unobtainable, MR x1</li> <li>• <b>Glucagon</b> - 1 mg IM if no IV and BS level &lt; 60 mg/dL or unobtainable                     <ul style="list-style-type: none"> <li>• Reassess glucose following intervention</li> </ul> </li> </ul> <p><b><u>PERSISTENT SEIZURE:</u></b></p> <ul style="list-style-type: none"> <li>• <b>Midazolam – (IV is preferred if available)</b> <ul style="list-style-type: none"> <li>○ 10 mg IM/IN x1 (5 mg each nostril)</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>○ 5 mg slow IV/IO push MR q5 minutes to a Maximum total dose 10 mg IV/IO</li> </ul> <p><b><u>ECLAMPSIA</u></b></p> <ul style="list-style-type: none"> <li>• Pregnancy-related seizures should be administered magnesium per the <b>Magnesium Administration for OB Emergencies</b> protocol.</li> </ul>
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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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EMS Medical Director