

Treatment Protocols**Date: 07/01/2023****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 • 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 • 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 <p><u>HYPOGLYCEMIA</u></p> <ul style="list-style-type: none"> • Dextrose 50% - 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 <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 50% - 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

Treatment Protocols**Date: 07/01/2023****Seizure****Policy #9180A****Adult ALS Standing Orders**

- Monitor EKG
- Establish IV/IO PRN
- Capnography

PERSISTENT SEIZURE:

- **Midazolam – (IV is preferred if available)**
 - 10 mg IM/IN x1 (5 mg each nostril)

OR

- 5 mg slow IV/IO push. MR q5 minutes to a Maximum total dose of 10 mg IV/IO

- Monitor EKG
- Establish IV/IO
- Capnography
- Obtain 12 Lead ECG

Hypotension

- NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of ≥ 90 mmHg

HYPOGLYCEMIA

- **Dextrose 50%** - 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

PERSISTENT SEIZURE:

- **Midazolam – (IV is preferred if available)**
 - 10 mg IM/IN x1 (5 mg each nostril)

OR

- 5 mg slow IV/IO push MR q5 minutes to a Maximum total dose 10 mg IV/IO

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

Katherine Staats, M.D. FACEP

EMS Medical Director