

Treatment Protocols

Date: 12/01/2019

Seizure

DRAFT Policy #9230

Stable Blood pressure >90 mmHg	Unstable Systolic blood pressure <90 mmHg, and/or signs of poor perfusion
Adult and Pediatric 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% • Perform continuous pulse oximetry, blood pressure, ECG and capnography (if ALS present) monitoring PRN • 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 post-ictal, transport in left lateral recumbent <p><u>HYPOGLYCEMIA, Glucose < 80 (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 	<ul style="list-style-type: none"> • Universal Patient Protocol • Assess and control airway and breathing per Airway Policy • Oxygen PRN for pulse ox > 95% • Perform continuous pulse oximetry, blood pressure, ECG and capnography (if ALS present) monitoring • 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 post-ictal, transport in left lateral recumbent <p><u>HYPOGLYCEMIA, Glucose < 80 (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
Adult LALS Standing Order Protocol	
<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 < 80 mg/dL or unobtainable, may repeat once (2) • Glucagon - 1 mg IM if no IV and BS level < 80 mg/dL or unobtainable 	<ul style="list-style-type: none"> • Establish IV • Begin NS bolus 500-1,000 mL IV/IO PRN hypotension <p><u>HYPOGLYCEMIA</u></p> <ul style="list-style-type: none"> • Dextrose 50% - 25 gm IV if BS level < 80 mg/dL or unobtainable, may repeat once (2) • Glucagon - 1 mg IM if no IV and BS level < 80 mg/dL or unobtainable
Adult ALS Standing Order Protocol	
<ul style="list-style-type: none"> • Establish IO PRN 	<ul style="list-style-type: none"> • Establish IO PRN

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<ul style="list-style-type: none"> • EtCO2 monitoring required for post ictal patients • Insert ETT PRN per Airway Policy <p><u>PERSISTENT SEIZURE:</u></p> <ul style="list-style-type: none"> • Midazolam – <ul style="list-style-type: none"> ○ 0.2 mg/kg IM once max of 10 mg. May repeat x 1 in 10 min ○ 0.2 mg/kg IN to a max of 10 mg ○ 0.1 mg/kg IV once max of 4 mg. May repeat x 1 in 10 min 	<ul style="list-style-type: none"> • NS bolus 500-1,000 IO PRN hypotension • EtCO2 monitoring required for post ictal patients • Insert ETT PRN per Airway Policy <p><u>PERSISTENT SEIZURE:</u></p> <ul style="list-style-type: none"> • Midazolam – <ul style="list-style-type: none"> ○ 0.2 mg/kg IM once max of 10 mg. May repeat x 1 in 10 min ○ 0.2 mg/kg IN to a max of 10 mg ○ 0.1 mg/kg IV once max of 4 mg. May repeat x 1 in 10 min
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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’s an airway device if they seized or are seizing
- Consider eclampsia in pregnant or immediately post-partum patients

APPROVED:

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