EL DORADO COUNTY EMS AGENCY
PREHOSPITAL PROTOCOLS

EMS Agency Medical Director

Effective: July 1, 2017
Reviewed: November 9, 2016
Revised: November 9, 2016

SEIZURES

ADULT

BLS TREATMENT

ABCs / ROUTINE MEDICAL CARE - administer oxygen at appropriate flow rate. Be prepared to support ventilation with appropriate airway adjuncts.

Protect patient from injury by loosening any restricting clothing items and/or padding or removing any sharp or dangerous items from the patient's proximity. **Do not place anything in the patient's mouth.**

After seizure stops, place patient in left lateral recumbent position and be prepared to suction airway.

If hypoglycemia is suspected in a known diabetic who is conscious and able to follow simple commands, give the patient a prepared oral dextrose solution or encourage drinking/eating a sugar-containing beverage or food.

PROTOCOL PROCEDURE: *Flow of protocol presumes that condition is continuing. Consider etiology: shock, toxic exposure, insulin shock, or head trauma. If patient is in distress, immediate, rapid transport is preferred with treatment performed en route.*

ALS TREATMENT

NORMAL SALINE – establish IV/IO.

BLOOD SAMPLE/GLUCOSE LEVEL ASSESSMENT - obtain blood sample via venipuncture. Rule out diabetic emergency. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if reading is abnormal or the patient's presentation doesn't match the test results.

For HYPOGLYCEMIA (b.s. ≤ 60 mg/dL):

DEXTROSE - Administer 100cc of a 250cc bag of Dextrose 10% (10g), May repeat to a max of 50g. After each 10g (100cc) bolus check BG, LOC and patency of line. .

GLUCAGON - if no IV access, give 1 mg IM/IN.

For ACTIVE SEIZURES:

VERSED*:
IV/IO – 2.5 mg diluted in 5 mL SW slow IV/IO push titrated to effect. MR in 5 min.
IN – 5 mg via MAD atomizer. MR in 5 min. (Max. of 1 mL per nostril).
IM – 5 mg IM.
***For doses above 5 mg contact base station (Except repeat IN dose). Monitor respirations and SPO2 continuously after administration.**

BASE CONTACT

For ECLAMPSIA related seizures: rule out hypoglycemia, then go directly to:

MAGNESIUM SULFATE - 6 gm diluted in 10 mL SW slow IV push over 1-2 min.

PEDIATRIC

BLS TREATMENT

ABCs / ROUTINE MEDICAL CARE - administer oxygen at appropriate flow rate. Be prepared to support ventilation with items appropriate airway adjuncts.

Protect patient from injury by loosening any restricting clothing items and/or padding or removing any sharp or dangerous items from the patient's proximity. **Do not place anything in the patient's mouth.**

After seizure stops, place patient in left lateral recumbent position and be prepared to suction airway.

If febrile seizures are suspected: institute cooling measures with towels soaked in tepid water; avoid cooling to the point of shivering. Then consider treatment (if patient is alert and able to swallow) with **ACETAMINOPHEN** (15 mg/kg PO) or **IBUPROFEN** (10 mg/kg PO).

If hypoglycemia is suspected in a known diabetic who is conscious and able to follow simple commands, give the patient a prepared oral dextrose solution or encourage drinking/eating a sugar-containing beverage or food.

PROTOCOL PROCEDURE: *Flow of protocol presumes that condition is continuing. Consider etiology: shock, toxic exposure, insulin shock, or head trauma. If patient is in distress, immediate, rapid transport is preferred with treatment performed en route.*

ALS TREATMENT

NORMAL SALINE – establish IV/IO.

BLOOD SAMPLE/GLUCOSE LEVEL ASSESSMENT - obtain blood sample via venipuncture. Rule out diabetic emergency. Consider confirming test results with second glucose check with blood from a different site (and different meter, if available) if reading is abnormal or the patient's presentation doesn't match the test result:

Hypoglycemia in pediatrics is defined as:
Neonate < 1 month: (b.s. ≤ 50 mg/dL)
Infant/child >1 month: (b.s. ≤ 60 mg/dL)

For HYPOGLYCEMIA:

DEXTROSE*:
Less than 1 m/o: **D10W** 2 mL/kg IV/IO may repeat every 5 min until b.s. is in normal limits.
Greater than1 m/o: **D10W** 5 mL/kg IV/IO may repeat every 5 min until b.s. is in normal limits.

GLUCAGON - if no IV access, give 0.1 mg/kg IM/IN (Max. 1 mg).

Recheck blood glucose 10 minutes after administration of dextrose or glucagon.

***Dextrose:**
To make D10: Draw up enough D50 to equal the patient's weight in kilograms into a syringe (1 mL/kg). In the same syringe draw up four times the amount of SW then mix and administer the appropriate dose.
To make D25: Draw up enough D50 to equal the patient's weight in kilograms a syringe (1 mL/kg). In the same syringe draw up an equal amount of SW then mix and administer the appropriate dose.

Reference: Routine Medical Care, Hypoglycemia
Formulary: Acetaminophen, Ibuprofen, Dextrose, Versed, Magnesium Sulfate

For ACTIVE SEIZURES:

VERSED*:

IV/IO - 0.1 mg/kg diluted in 3-5 mL of SW slow IV push over 2-5 min. titrated to effect (max dose 3mg).
IN – 0.1 mg/kg via MAD atomizer (Max. of 1 mL per nostril)(max dose 3mg).
IM - 0.1 mg/kg (max dose 3mg).

***Max. total dose of 3 mg (All doses administered from different routes apply to the total max dose).**

***Monitor respirations and SPO2 continuously after administration.**

***A seizure of less than 5 - 10 minutes, which occurs in response to a fever, will usually be self limiting. Airway maintenance and cooling measures take priority.**

CONTACT BASE STATION

Reference: Routine Medical Care, Hypoglycemia
Formulary: Acetaminophen, Ibuprofen, Dextrose, Versed, Magnesium Sulfate