

SEIZURES

SIGNS & SYMPTOMS:

1. Skin: febrile and flushed, or normal
2. Incontinence
3. Tonic phase - body stiffening
4. Clonic phase - body jerking
5. Drowsiness, confusion, or unconsciousness
6. Abnormal behavior
7. Apnea and cyanosis

OBTAIN HISTORY OF:

1. Epilepsy or previous seizures
2. CVA, tumor, or HTN
3. Diabetes
4. Substance abuse
5. Recent trauma or illness (esp. fever, infection)
6. PMH/Meds (esp. anticonvulsants)/Allergies
7. Pre-eclampsia , eclampsia and post-partum eclampsia.

PRECAUTIONS:

1. Do not attempt to place anything into the airway of a seizing patient.
2. Be prepared to assist ventilations when giving valium to a patient.

MEDICAL FIRST RESPONDER:

1. If actively seizing, do not restrain the patient. Protect from further harm.
2. Once seizure has stopped, assess and support ABCs.
3. Place in recovery position if no evidence of trauma. Consider oral or nasal airway if indicated.
4. Begin high flow supplemental oxygen via mask.
5. Assess vital signs (BP, pulse, respirations, O₂ sats) minimally every 10 min.; more often if unstable.
6. If patient is febrile, attempt to cool, but do not allow to shiver.

BASIC LIFE SUPPORT:

1. Initiate ECG monitoring.
2. Consider checking blood sugar levels. If hypoglycemic, follow hypoglycemia procedures.

INTERMEDIATE TECH:

1. Establish an IV TKO in any patient with a first time seizure, recurrent or status seizures, or seizures associated with overdose, hypoglycemia, or trauma.

INTERMEDIATE 99:

1. For actively seizing adult patients, administer up to 5 mg Valium IV/IO titrated to cessation of seizure activity. If IV/IO cannot be established, may administer 5 mg Valium IM.
2. May repeat dose every 10 minutes if seizure persists up to a max dose of 15 mg.
3. May consider Ativan 2-4 mg IV/IM titrated to cessation of seizure instead of Valium. May repeat every 10 minutes up to a total of 10 mg.
4. Further orders must come from medical control.

PARAMEDIC/RN:

1. May consider Versed 0.05 mg/kg (max dose 5mg) at a rate of no faster than 1 mg/min. If given IV, titrate the dose to cessation of seizure. Watch for hypotension.
2. If symptoms continue, repeat the initial dose at a rate of no faster than 1 mg/min. Maximum total dose is 10 mg Versed.
3. Contact medical control for further orders.
4. Contact medical control for administration of magnesium sulfate (2g diluted with 10cc of ns) to resolve seizures associated with, pre-eclampsia, eclampsia and postpartum.
5. Monitor vitals and respiratory rate after administration of magnesium.
6. Contact medical control for further orders.

PEDIATRIC CONSIDERATIONS:

1. For actively seizing pediatric patients, Intermediate, Paramedic/RN may administer initial dose Valium (0.2mg/kg up to 5mg) IV/IO/IM. Refer to Broselow pediatric tape. May also administer Valium 0.5 mg/kg rectally up to total of 5 mg.
2. Intermediate, Paramedic/RN may repeat dose once in 10 minutes if seizure persists.
3. Intermediate, Paramedic/RN may consider Ativan (0.05 – 0.15 mg/kg) IV/IO/IM. Refer to Broselow tape. May repeat dose once.
4. Paramedics/RN's may administer initial dose of Versed (0.1 mg/kg) IV/IO/IM. Refer to Broselow pediatric tape. May repeat dose (either IV/IO/IM) once in 10 minutes if no improvement.
5. Further orders must come from medical control.



Timothy Steinmetz, MD