

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8003.01
	<u>PROGRAM DOCUMENT:</u> Seizures	Initial Date:	04/19/21
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Signature on File

Signature on File

EMS Medical Director

EMS Administrator

Purpose:

- A. To serve as a treatment standard for patients exhibiting signs and symptoms of seizure.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Protocol:

- A. **For any Altered Level of Consciousness (ALOC), consider AEIOUTIPS:**

Alcohol	Trauma
Epilepsy	Infection
Insulin	Psychiatric
Overdose	Stroke or Cardiovascular
Uremia	

- B. **Seizures:**

1. Active Seizures.
2. Focal Seizures with respiratory compromise.
3. Recurrent seizures without lucid interval.

BLS
<ol style="list-style-type: none"> 1. Supplemental O2 as necessary to maintain SpO2 ≥ 94%. Use the lowest concentration and flow rate of O2 as possible. 2. Airway adjuncts as needed. 3. Assess for possible trauma and apply spinal motion restriction when indicated per PD# 8044. 4. Perform blood sugar determination. 5. If patient is seizing, protect the patient from further injury. 6. Transport.
ALS
<ol style="list-style-type: none"> 1. Airway adjuncts as needed. 2. Initiate vascular access and titrate to a SBP > 90 mmHg. 3. If blood sugar ≤ 60 mg/dl, refer to above suspected hypoglycemia 4. Assess the possibility of substance abuse. 5. Midazolam: <ul style="list-style-type: none"> • IV - 0.1mg/Kg (max dose 6 mg) slow IV push, or IN in 2 mg increments - titrate to seizure control.

- If IV or IN not available Midazolam may be given IM - 0.1 mg/Kg (max dose 6 mg) in single IM injection (may be split into 2 sites if sufficient muscle mass is not present for a single injection site).
6. **Diazepam:
 - May substitute Diazepam when there is a recognized pervasive shortage of Midazolam. 5-10 mg IVP to control seizures. If no IV access, 10 mg IM. May repeat once. Max dose 20 mg.
 7. Cardiac Monitoring.

*Intranasal medications are to be delivered through an atomization device with one-half the indicated dose administered in each nostril.

**Diazepam may be used when Midazolam is not available or when using Diazepam from CHEMPACK supplies.

Cross Reference: PD# 2032 - Controlled Substance
PD# 8044 – Spinal Motion Restrictions (SMR)