

	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

EMS Medical Director

Signature on File

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 per PD# 8015 4. apply spinal motion restriction when indicated per PD# 8044. 5. Perform blood sugar determination. 6. If patient is seizing, protect the patient from further injury. 7. Transport.

ALS

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 PD# 8002.
4. Assess and treat the possibility of substance abuse per PD# 8004.
5. Midazolam:
 - 0.1mg/Kg in 2 mg increments slow IV push, or IN - titrate to seizure control (max dose 6 mg).
 - 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)
PD# 8015 – Trauma
PD# 8004 – Suspected Narcotic Overdose