



MIAMI TOWNSHIP FIRE & EMS CLERMONT COUNTY, OHIO *MEDICAL PROTOCOLS*



SEIZURE

Historical Findings

1. Recent suspicion of seizure activity based upon description from eyewitnesses, parents, or caretakers.
2. Patient may or may not have a known history of seizure disorder.
3. The patient may be pregnant or postpartum.

Physical Findings

1. The patient may currently display seizure activity (subtle, clonic, tonic, myoclonic).
2. The patient may now be postictal with an altered level of consciousness.
3. The patient may have focal neurological deficits, which should be noted.
4. The patient may have a fever.

Protocol

1. Initiate contact; reassure, and explain procedures.
2. Assess and secure the patient's airway and provide oxygen per the airway, oxygen and ventilation protocol.
3. Perform patient assessment, obtain vital signs and begin cardiac monitoring.
4. Initiate IV access with a saline lock or 0.9 % normal saline KVO.
5. Check blood glucose; if glucose is less than 60 mg/dL:
 - A. Adults: administer dextrose 50 % 12.5-25 gm IV.
 - B. Pediatrics age 6 to 14 years: administer dextrose 50 % 1 mL/kg (max 50 mL).
 - C. Pediatrics less than 6 years: administer dextrose 25 % 2 mL/kg.
 - i. Dextrose 25 % is made by diluting 50 % dextrose with equal amount of 0.9 % normal saline.



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- D. If IV access is unavailable:
 - i. Adults: administer glucagon (Glucagen) 1 mg IM.
 - ii. Pediatrics \geq 20 kg / 44 lbs administer glucagon (Glucagen) 1 mg IM.
 - iii. Pediatrics \leq 20 kg / 44 lbs administer glucagon (Glucagen) 0.5 mg IM.
6. Re-check blood glucose. If glucose remains less than 60 mg/dL repeat the age-appropriate intervention in number 5 of this protocol.
7. If actively seizing and not hypoglycemic:
 - A. Adults: administer lorazepam (Ativan) 2 mg IV diluted 1:1 with 0.9 % NS titrated to 4 mg.
 - B. Pediatrics: administer lorazepam (Ativan) 0.1mg/kg IV diluted 1:1 with 0.9 % NS. See pediatric medication chart, broslow tape or consult CCHMC Statline for dose.
 - C. If the patient is in the third trimester or up to six weeks postpartum, is actively seizing, and has no history of seizures consider administration of magnesium sulfate 4 gm slow IV diluted over 15 minutes.
 - i. Magnesium is diluted by mixing 4 gm/8 mL in a 20 cc syringe diluted with 12 mL of D5W.
 - D. If IV access is unavailable:
 - i. Adults: administer midazolam (Versed) 5 mg IN/IM.
 - ii. Pediatrics: administer midazolam (Versed) 0.1 mg/kg IN/IM. See pediatric medication chart, or consult CCHMC Statline for dose.
8. *BE PREPARED TO MANAGE AIRWAY.*
9. If seizures continue prepare for RSI and contact medical command for consult.
10. Do **NOT** administer naloxone (Narcan) to any patient actively seizing due to the risk of vomiting and aspiration. These patients are typically poly-pharmacy overdoses and naloxone (Narcan) will not be effective in controlling the seizure.