

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Effective: 09/01/11
Supersedes: 01/01/11

Protocol: P-022

ADULT SEIZURES

SUBJECTIVE FINDINGS

- Medical history: psychiatric and medical problems including previous seizures, alcohol use, medications, and allergies.
- Consider stroke as a possible etiology.

OBJECTIVE FINDINGS

- Surroundings: syringes, medications, blood glucose monitoring supplies, insulin, etc.
- LOC and neurological assessment.
- Signs of trauma.
- Pupil size and reactivity.
- Needle tracks.
- Medical information tags, bracelets, or medallions.
- Blood glucose level.

BLS Treatment	ALS Treatment
<ul style="list-style-type: none">• Routine Medical Care.• Oxygen 2-5 L/min by nasal cannula.• C-spine immobilization if any suspicion of head trauma.• Comfort and reassure patient if conscious.• Restrain only as necessary for patient and provider protection.• Transport in left lateral recumbent position if no C-spine injury is suspected.	<ul style="list-style-type: none">• IV of NS.• Advanced airway management as indicated.• If opiate overdose is a possibility, and the patient is in respiratory failure or shock, give Naloxone 2 mg IN via MAD (preferred) see PRECAUTIONS AND COMMENTS in ALTERED MENTAL STATUS Protocol (P-006), or IVP or IM (titrate to overcome respiratory depression and repeat as needed).• Dextrose 50% (D₅₀W) 25 grams IVP; if blood glucose < 80 mg/dl or if patient is known diabetic; repeat as needed based on patient response up to a total dose of 50 grams. If you are unable to measure blood glucose level, assume hypoglycemia.• For generalized convulsive status epilepticus, Midazolam 5 mg IN (2.5 mg each nostril) or 5 mg IM or, 2.5 mg slow IV push to a maximum dose of 5 mg (may be repeated every five minutes).• (See PRECAUTIONS AND COMMENTS for definition of status epilepticus) .
BASE HOSPITAL CONTACT CRITERIA	
<ul style="list-style-type: none">• Status epilepticus continues after maximum dose of Midazolam administered; requests for greater than maximum dose.• Focal (partial) status epilepticus: patient is conscious and responsive, but has ongoing simple partial seizures (i.e. focal motor seizures).	

DOCUMENTATION

Blood glucose level check performed.

No medication administered if patient does not meet definition of status epilepticus.

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Correct dosages of medications if administered.

PRECAUTIONS AND COMMENTS

- Adult generalized convulsive status epilepticus is defined as continuous seizure activity lasting > 5 minutes OR multiple seizures without regaining consciousness between seizures.
- Always consider treatable etiologies (hypoglycemia, hypoxia, narcotic overdose) prior to administering anti-seizure medications.
- Be attentive for excessive oral secretions, vomiting, and inadequate tidal volume.
- Treatment of seizures should be based on the severity and length of the seizure activity.
- Focal seizures without mental status changes may not require prehospital pharmacological intervention.