



# EMS System for Metropolitan Oklahoma City and Tulsa 2017 Medical Control Board Treatment Protocols



Approved 11/9/16, Effective 2/1/17, replaces all prior versions

## 6D - SEIZURE ADULT & PEDIATRIC

- TREATMENT PRIORITIES**
1. Vital signs
  2. O<sub>2</sub>
  3. Dextrose for hypoglycemia
  4. Benzodiazepine for sustained, active seizure

**EMD**

KEEP PATIENT FREE FROM INJURY HAZARDS  
AVOID PLACING ANYTHING IN MOUTH  
PLACE IN RECOVERY POSITION POST SEIZURE

- EMERGENCY MEDICAL DISPATCHER
- EMERGENCY MEDICAL RESPONDER
- EMT
- EMT-INTERMEDIATE 85
- ADVANCED EMT
- PARAMEDIC

<b>EMR</b>	<b>EMT</b>
<p>GENERAL SUPPORTIVE CARE OBTAIN VITAL SIGNS O<sub>2</sub> VIA NC or NRB AS APPROPRIATE APPLY CARDIAC MONITOR (if equipped) <b>EMT OR HIGHER LICENSE:</b> MEASURE END-TIDAL CO<sub>2</sub> &amp; MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated)</p>	

<b>EMT-I85</b>	<b>AEMT</b>
<p>IV ACCESS <b>ADULT:</b> IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS <b>ADULT:</b> IV NS 250 mL BOLUS IF SYS BP &lt;100 mmHg WITH HYPOTENSIVE SYMPTOMS &amp; NO SIGNS OF PULMONARY EDEMA, <b>ADULT:</b> REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS &lt; 100 mmHg WITH HYPOTENSIVE SYMPTOMS &amp; NO SIGNS OF PULMONARY EDEMA <b>PEDIATRIC:</b> IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg <b>PEDIATRIC:</b> IV NS 20 mL/kg BOLUS IF SYS BP &lt; (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA</p> <p>DETERMINE BLOOD GLUCOSE <b>ADULT &amp; PEDIATRIC WEIGHT ≥25 kg HYPOGLYCEMIA CARE:</b> IF GLUCOSE &lt;50 mg/dL, D50 1 mL/kg IVP UP TO 50 mL GLUCAGON 1 mg IM IF NO VASCULAR ACCESS OBTAINED <b>PEDIATRIC WEIGHT &lt;25 kg HYPOGLYCEMIA CARE:</b> IF GLUCOSE &lt;50 mg/dL, D25 2 mL/kg IVP UP TO 50 mL GLUCAGON 0.5 mg IM IF NO VASCULAR ACCESS OBTAINED</p>	

<b>PARAMEDIC</b>
<p>EVALUATE FOR OTHER ALTERED MENTAL STATUS ETIOLOGIES. TREAT PER APPROPRIATE PROTOCOL(S)</p> <p><b>ADULT:</b> MIDAZOLAM 0.1 mg/kg IM/IVP/IN/IOP TO MAX OF 5 mg FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING. <b>ADULT:</b> DIAZEPAM 5 mg IVP/IOP or 10 mg IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING. <b>OR</b> <b>ADULT:</b> LORAZEPAM 2 mg IVP/IOP/IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE. MAY REPEAT X 1 IN 10 MINS IF STILL SEIZING.</p> <p><b>PEDIATRIC:</b> MIDAZOLAM 0.1 mg/kg IM/IVP/IN/IOP TO MAX OF 5 mg FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING. <b>PEDIATRIC:</b> DIAZEPAM 0.1 mg/kg TO MAX OF 5 mg IVP/IOP/IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING. <b>OR</b> <b>PEDIATRIC:</b> LORAZEPAM 0.1 mg/kg TO MAX OF 2 mg IVP/IOP/IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE MAY REPEAT X 1 IN 10 MINS IF STILL SEIZING.</p> <p><b>OLMC CONSULT IF SEIZURE CONTINUES DESPITE ABOVE TREATMENT</b></p> <p>CONTINUOUS ASSESSMENT &amp; TREATMENT PER APPLICABLE PROTOCOL(S)</p>