

HEALTHEAST MEDICAL TRANSPORTATION MEDICAL OPERATIONS MANUAL

3F SEIZURES

PATIENT CARE GOALS

- Identify and treat underlying causes of seizures, if possible.¹
- Prevent injury during and after seizure activity.
- Stop seizure activity and prevent recurrence.
- Support post-seizure recovery and ensure adequate oxygenation, ventilation and perfusion.
- Appropriately apply transport/no-transport criteria for patients with seizures.²

EMT

1. Assess the patient and provide initial care, including oxygenation, vascular access, airway adjuncts (e.g, nasopharyngeal airway), and assisted ventilations via bag valve mask, if needed, per **1B General Assessment and Care**. Consider possible underlying causes of the seizure activity.¹
2. Measure the patient’s blood glucose. If the blood sugar is low treat per **3G Hypoglycemia**.
3. Protect the patient from injury during active seizing.
4. Establish vascular access on any patient with a first-time seizure or with continuous or repeated seizures.
5. If the seizure activity stops, continue to ensure airway patency (consider placing the patient in recovery position) and adequacy of breathing and oxygenation during the postictal period.

PARAMEDIC

ADULT	PEDIATRIC (less than 60 kg)
<ol style="list-style-type: none"> 6. For <u>active seizing</u>⁴ administer lorazepam (Ativan) 2 mg IN (until vascular access obtained) every 5 minutes to a maximum total dose of 6 mg. 7. After vascular access obtained and patient continues to seize, administer lorazepam (Ativan) 2 mg IV/IO every 5 minutes to a maximum total dose of 6 mg. 8. If the patient is in status epilepticus, proceed to 7F Advanced Airway Management. <ul style="list-style-type: none"> • Do not administer long acting paralytics in the status seizure patient. • Administer midazolam (Versed) 5 mg IV/IO every 5 minutes as needed until seizure activity stops. 	<ol style="list-style-type: none"> 6. For <u>active seizing</u>⁴ administer lorazepam (Ativan) 0.1 mg/kg IN (until vascular access obtained) maximum single dose of 2 mg every 5 minutes to a maximum total dose of 6 mg. 7. After vascular access obtained and patient continues to seize, administer lorazepam (Ativan) 0.1 mg/kg IV/IO maximum single dose of 2 mg every 5 minutes to a maximum total dose of 6 mg. 8. If the patient is in status epilepticus, proceed to 7F Advanced Airway Management. <ul style="list-style-type: none"> • Do not administer long acting paralytics in the status seizure patient. • Administer midazolam (Versed) 0.1 mg/kg IV/IO every 5 minutes as needed

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ADULT	PEDIATRIC (less than 60 kg)
	<p>until seizure activity stops.</p> <p>9. Obtain the patient’s temperature following a suspected febrile seizure. Provide passive cooling if the temperature is greater than 39 degrees Celsius (102.2 degrees Fahrenheit).³</p>

DOCUMENTATION KEY POINTS

- Description of seizure activity, including onset, body regions involved, number and duration of seizures, and description of the postictal period.
- Past seizure history; any recent history of illness or trauma.
- Findings of serial neurological assessments.
- Record temperature reading for any suspected febrile seizure.
- Initial and ongoing assessment, monitoring, interventions, patient response, and complications (if any) encountered.

NOTES

¹ **Causes** of seizures may include:

- Epilepsy (idiopathic)
- Trauma (recent or remote)
- Tumors, aneurysms, other intracranial structural abnormalities
- Intracranial hemorrhage
- Infection (e.g., meningitis, encephalitis, abscess)
- Toxins and drugs (including alcohol or drug withdrawal)
- Metabolic abnormalities (e.g., sodium or glucose abnormalities, uremia)
- Hypertensive encephalopathy
- Cerebral ischemia/hypoxia
- Eclampsia of pregnancy

² **Transport vs no-transport criteria:**

- Transport patients with first-time seizures of unknown etiology, seizure that is unlike previous seizures in frequency, pattern, and type, or with seizures associated with other illness, trauma, or ongoing deficit. Patients with previous seizure history should be transported if the current seizure(s) differ from the patient’s usual type and pattern.
- Patients with previous history of seizures may be left with a responsible person (parent or guardian if a pediatric patient) as long as the seizure was within the patient’s normal frequency, pattern, and type.
- Children of age 6 months to 6 years who have sustained an apparent febrile seizure may be left with a willing parent or guardian if the seizure occurred at the onset of febrile illness, was brief (less than 5 minutes), had little or no postictal period following the seizure, and was not followed by any neurological abnormality.
- Contact Medical Control for assistance with post-seizure transport decisions when any

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uncertainty exists.

- ³ **Febrile seizures** usually occur in patients between 6 months and 5 years old. The seizures are associated with fever, usually during rapid temperature rise at the onset of illness, and are not followed by postictal focal neurological deficit. A febrile state may be the result, rather than the cause, of prolonged or sustained seizure activity; consider other possible etiologies.
- ⁴ There is no indication for the administration of benzodiazepines prophylactically for the non-seizing patient. This includes the patient with an “aura” or subjective impression of an impending seizure.

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