

**REGION I EMERGENCY MEDICAL SERVICES  
STANDING MEDICAL ORDERS  
EMT – Basic**

**SMO: Seizures / Status Epilepticus**

**Overview:** Seizure activity is a temporary alteration in behavior or consciousness caused by an abnormal electrical activity in the brain. Status epilepticus is defined as continuous seizure activity lasting > 30 minutes OR multiple seizures without regaining consciousness between seizures. Generalized (tonic-clonic) seizure usually involves the entire body and usual loss of consciousness as well as bowel and/or bladder incontinence and oral trauma such as biting of the tongue. Partial (focal) seizure usually involves one part of the body or a particular sense such as taste or smell. Patients usually do not lose consciousness and can maintain a normal mental status but may lead to a generalized seizure.

**INFORMATION NEEDED**

- \_\_\_ Medical history: psychiatric and medical problems including previous seizures, alcohol use, medications, allergies; antecedent symptoms such as headache, trauma, fever, history of stiff neck, history of loss of motor sensory or speech.
- \_\_\_ Onset, duration, description of seizure.
- \_\_\_ Consider stroke as a possible etiology.
- \_\_\_ Consider drug overdose (e.g. tricyclic antidepressants or cocaine).

**OBJECTIVE FINDINGS**

- \_\_\_ Surroundings: syringes, medications, blood glucose monitoring supplies, insulin, etc.
- \_\_\_ LOC and neurological assessment
- \_\_\_ Bowel and bladder incontinence
- \_\_\_ oral trauma such as biting of tongue
- \_\_\_ Signs of trauma: witnessed onset?
- \_\_\_ History or description of seizure from bystanders or family
- \_\_\_ Pupil size and reactivity
- \_\_\_ Needle tracks
- \_\_\_ Medical information tags, bracelets or medallions
- \_\_\_ Blood glucose level

**TREATMENT**

- \_\_\_ RMC
- \_\_\_ Assure patency of airway, be prepared with suction.
- \_\_\_ Oxygen 2-5 L/min by nasal cannula. Oxygen at 100% by NRB mask if tolerated; if indicated, assist ventilations with BVM.
- \_\_\_ C-spine immobilization if any suspicion of head/ spinal trauma.
- \_\_\_ Comfort and reassure patient if conscious.
- \_\_\_ Restrain only as necessary for patient and provider protection.
- \_\_\_ Obtain blood glucose level. If glucose level < 60, administer **Oral Glucose** if patient conscious or **Glucagon 1 mg IM** if concern of inadequate gag reflex.
- \_\_\_ Transport in left lateral recumbent position if no C-spine injury is suspected.
- \_\_\_ ALS intercept

7/04

Reviewed:

Revised:

EMS/ Region1 SMOs

**Documentation of adherence to protocol:**

- Airway patency/ interventions
- Administration of O2
- If suspicions of trauma-- immobilization performed
- Blood glucose level check performed/ results/ administration of Oral Glucose/Glucagon.

**PRECAUTIONS AND COMMENTS**

- Always consider treatable etiologies (hypoglycemia, hypoxia, narcotic overdose).
- 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.

**REGION I EMERGENCY MEDICAL SERVICES  
STANDING MEDICAL ORDERS  
EMT – Paramedic**

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- \_\_\_ C-spine immobilization if any suspicion of head/ spinal trauma.
- \_\_\_ Comfort and reassure patient if conscious.
- \_\_\_ Restrain only as necessary for patient and provider protection.
- \_\_\_ Obtain blood glucose level. If glucose level < 60, administer **Oral Glucose** if patient conscious or **Dextrose 50% 25 grams IVP** if patient has altered mental status.
- \_\_\_ If concern of inadequate gag reflex or unable to secure IV, administer **Glucagon 1 mg IM**.
- \_\_\_ Transport in left lateral recumbent position if no C-spine injury is suspected.
- \_\_\_ Obtain IV access.
- \_\_\_ If opiate overdose is a possibility, give **Narcan (naloxone) 2 mg IVP or IM** Additional doses may be needed—contact Medical Control for additional doses.
- \_\_\_ For generalized convulsive (tonic-clonic) seizure, **Valium (diazepam) 5 mg IVP** slow (over 1-2 minutes—may repeat X1 for maximum of 10 mg) OR **Versed (midazolam) 2 mg IVP** slowly (over 1-2 minutes—may repeat dose for maximum of 10 mg).
- \_\_\_ If unable to secure IV, give **Valium 10 mg IM (or rectally)** OR **Versed 5mg IM**.

### **Documentation of adherence to protocol:**

- \_\_\_ Airway patency/ interventions
- \_\_\_ Administration of O2
- \_\_\_ If suspicions of trauma-- immobilization performed
- \_\_\_ Blood glucose level check performed/ results/ administration of Oral Glucose/Glucagon.

### **Medical Control Contact Criteria**

- \_\_\_ If status epilepticus continues after administration of initial doses of medications.

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