

SEIZURES

EMR	<ul style="list-style-type: none"> ❑ Routine Medical Assessment and Interventions ❑ Obtain Temperature, SpO₂, ETCO₂, and/or CO readings via non-invasive devices as indicated for the situation and when equipment is available. ❑ Oxygen as indicated, if SpO₂ is below 94% ❑ Ensure safety of patient by removing potential hazards from the immediate surroundings (e.g., chairs etc). Place patient in ‘recovery’ position during post-ictal period. Do not attempt to physically restrain an actively seizing patient. ❑ If etiology of condition involves potentially hazardous causes (e.g., CO and etc) the toxic exposure guideline should be used in conjunction with this guideline. 	EMR
EMT	<ul style="list-style-type: none"> ❑ Acquire peripheral blood specimen for blood glucose monitoring. <ul style="list-style-type: none"> ○ Follow diabetic emergency guideline as indicated 	EMT
AEMT	<ul style="list-style-type: none"> ❑ Initiate vascular access as needed and indicated. ❑ May consider Glucagon if hypoglycemic – see Diabetic Emergencies Guideline ❑ Consider administration of Normal Saline 250mL bolus as needed. 	AEMT
EMT-I	<ul style="list-style-type: none"> ❑ Obtain ECG as needed and indicated. 	EMT-I
PARAMEDIC	<ul style="list-style-type: none"> ❑ If seizure persists more than 5 minutes or seizure recurs before patient returns to consciousness then: <ul style="list-style-type: none"> ○ Midazolam (Versed) 2.5 to 5mg IV/IO/IN. May repeat as needed in 10 minutes. ○ Consider advanced airway interventions if seizure is prolonged and patient becomes aspiration risk. 	PARAMEDIC

Clinical Care Pearls

- ❑ Be sure to allow for adequate time for pharmacological interventions to take effect prior to administration of additional doses.
- ❑ If RSI is undertaken in the seizing patient, it is important to understand despite absence of movement, seizure impulses remain and will require administration of benzodiazepine medications.