UnityPoint Health
EMS System

Seizures/ Status Epilepticus

A seizure is a temporary, abnormal electrical activity of the brain that results in loss of consciousness, loss of organized muscle tone and presence of convulsions. The patient will usually regain consciousness within 1 to 3 minutes followed by a period of confusion and fatigue *(post-ictal state).*

Multiple seizures in a brief time span or seizures lasting more than 5 minutes may constitute status epilepticus and require EMS intervention to stop the seizure activity. Causes of seizures include: epilepsy, stroke, head trauma, hypoglycemia, hypoxia, infection, a rapid change in core body temperature (e.g. febrile seizure), eclampsia, alcohol withdraw and overdose.

- Must ensure patient safety by helping to prevent injury.
- Remove objects from near patient to help prevent injury.
- Protect patient, do not restrain.
- Position on side unless you suspect C-spine injury.
- Document type & duration of seizure.
- Do not force anything between teeth.

Legend
EMR
EMT
Intermediate
Paramedic
Medical Control

Universal Patient Care SMO

EMR

1. Place patient in a position of comfort and protect from injury.
2. Oxygen: Titrate SpO2 above 94-99%
3. Check blood glucose, if equipment available. If no equipment is available or reading is < 60mg/dL, administer **oral glucose** 15g, if pt. is alert, conscious, and has an intact gag reflex
3. Reassess and reassure family.

EMT

1. Continue EMR care.
2. Apply cardiac monitor and obtain 12-lead EKG, if indicated by chief complaint, and transmit to receiving facility (if equipped). It is beyond the scope of the EMT to interpret 12-leads or cardiac rhythms). If available, monitor ETCO2 (reading should be between 35-45 mmHg)
3. Check blood glucose – if < 60mg/dL, or < 80mg/dL with signs and symptoms of hypoglycemia, administer **Oral Glucose** 15g. Patient must be alert to verbal stimuli, able to sit upright, have good airway control and intact gag reflex. If not, give **Glucagon 1 mg IM**.
4. Check and record vital signs every **5 minutes**.
5. Initiate ALS intercept, if indicated and began transport as soon as possible.
6. Contact receiving hospital as soon as possible (need time to prepare) or Medical Control if necessary.

MC / I / P

1. Continue EMT care.
2. Initiate IV of Normal Saline at TKO (20mL/hr).
3. Give **Dextrose 10%** 5mL/kg (whole 250mL bag for any patient over 50kg) IV if blood sugar is < 60mg/dL, or 60-80mg/dL and patient is symptomatic.
   Glucagon: 1 mg IM if unable to establish IV.
4. Recheck blood sugar in 5 minutes – repeat **Dextrose** or **Glucagon** if BS still < 60mg/dL.
5. **Ativan** 2- 4mg IV/IO for seizure activity. May repeat x1 after 10 minutes to stop seizure activity if indicated. May give **Versed** 5mg IM/ IN if IV attempts are unsuccessful. May repeat x1 after 10 minutes to stop seizure activity if indicated
6. Consider ALS intercept should the situation warrant additional medication.
7. If situation warrants and intubation is required and teeth are clenched, consider nasotracheal intubation.