



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
SEIZURE/CONVULSION – ADULT/ADOLESCENT

#: BH-M-40
Page: 1 of 1
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BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. Seizure/convulsion patients treated with midazolam are at high risk for respiratory depression and respiratory arrest. Generally, field personnel can be advised to be alert to this risk and assist ventilation as needed with suctioning and BVM. Midazolam is short acting and depressed respiratory effort will most often gradually return over a few minutes.
3. Seizure with evidence of severe head injury should be considered for trauma designation. Particularly if pupils are irregular or there is bradycardia (signs of intracranial hemorrhage).
4. Patients with chronic seizure disorders will often request to be released in the field, AMA. If a caretaker is present and patient is otherwise stable, an AMA request should be considered reasonable.
5. A first-time seizure in an adult/adolescent has high likelihood for serious medical problem and ALS transport is required.

ALS STANDING ORDER

- For on-going seizures or recurrent intermittent seizure activity without return of consciousness:
 - Turn to side, protect airway and suction when necessary.
 - Midazolam 10mg IM one time (preferred route). Administer first before starting IV/IO.
 - Midazolam 5mg IV/IN/IO if not able to deliver IM dose or if IV/IO already present, may repeat 5mg IV/IN/IO once for continued or recurrent seizure activity approximately 3 minutes after initial dose.
 - Contact Base Hospital if seizure continues for 5 minutes after first dose of IM or second dose of IV/IN/IO midazolam (total of 10 mg administered by any route).
- Pulse oximetry and, if available, waveform capnography to monitor oxygenation and ventilation. If room air oxygen saturation less than 95% give:
 - High-flow Oxygen by mask (monitor airway to avoid potential aspiration) or nasal cannula at 6 L/min flow rate as tolerated.If end tidal CO₂ equals 50 or more:
 - Assist ventilation with BVM.
- Consider hypoglycemia with blood glucose analysis. Treat a blood glucose of 60 or less using an option listed below. If hypoglycemia is suspected and blood glucose is in the range of 60 to 80, treatment based on field impression is appropriate
 - Oral glucose preparation, if airway reflexes are intact.
 - 10% Dextrose 250 mL (titrated for effect to improve consciousness).
 - Glucagon 1 mg IM if unable to establish IV.

Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose < 60, unable to establish IV and there is no response to IM glucagon.
- ALS escort to nearest ERC or contact Base Hospital as needed.

Approved:

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