



EMT - Paramedic Treatment Protocol 4603

Seizures

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Most seizures require no specific treatment other than insuring an airway and protecting the patient.

- A. Perform **MAMP Protocol 4201**.
- B. Protect patient from injury - place on left side if decreased level of consciousness.
- C. Obtain history to help determine origin of seizure:
 1. Trauma - refer to **TAMP Protocol 4101**.
 2. Suspected overdose - refer to **Ingestion/Poisoning/Overdose Protocol 4606**.
 3. History of seizures in past and is patient taking any antiseizure medications.
- D. If patient is actively seizing:
 1. Protect airway, **do not** attempt intubation during convulsions.
 2. Calm bystanders and family.
 3. Obtain key information and prepare for transport.
 4. Quickly assess serum glucose with a glucometer and attempt to establish IV normal saline KVO or saline lock.
 5. If glucose level is <80 mg/dl:
 - a. Administer D50W, 25 gm IV.
 - b. If no IV available, administer glucagon 1.0 mg, IM.
 6. Expedite transport and contact Medical Command.



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7. If seizure lasts longer than 5 minutes **or** two or more episodes of seizure activity occur between which the patient does not regain consciousness:

1. If no IV access is available, administer diazepam 0.5mg/kg (maximum individual dose of 10.0 mg) per rectum **per MCP order**.
2. If IV access has been established, then administer diazepam 5-10 mg IV (maximum individual dose of 10.0 mg) **per MCP order**.



8. If seizure continues, further treatment as **ordered by Medical Command**.



E. If patient is not actively seizing:

1. Monitor vital signs closely and be alert for recurrence of seizure.
2. Transport.
3. Perform remaining assessment as indicated.
4. Notify Medical Command.