

APPROVED: SIGNATURE ON FILE IN EMS OFFICE  
 Executive Director

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 Medical Director

EFFECTIVE DATE 01/01/2004  
 SUPERSEDES: \_\_\_\_\_  
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**STATUS SEIZURES**

- I. AUTHORITY: Health and Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9
- II. PURPOSE: To serve as the treatment standard for EMT-Is and EMT-Ps in treating patients.
- III. PROTOCOL:

An actively seizing patient who has been seizing for more than ten minutes, or an actively seizing patient with recurrent seizures, with no reawakening in between seizures.

Seizures from any cause are managed similarly, including those caused by epilepsy, infection, fever, intoxication, poisoning, or eclampsia.

**STANDING ORDERS**

<b>ABC's</b>	
<b>OXYGEN:</b>	
<b>MONITOR:</b>	Treat rhythm as appropriate.
<b>IV ACCESS</b>	TKO
<b>MIDAZOLAM</b>	2.0 mg initial dose IV push. Titrate in 1 mg. increments for seizure control (maximum dose: 6 mg). If unable to establish IV after one attempt, give 5 mg IM. May repeat once in 10 minutes if seizures continue.
<b>POSITION:</b>	Place on left side.
<b>TRANSPORT:</b>	Transport Code 2 unless in shock or unmanageable airway.
<b>DRAW BLOOD SAMPLE:</b>	Test for glucose.

**CONSIDER**

<b>DEXTROSE:</b>	25 gms IV push – if blood glucose less than 75 mg/dl. May repeat once. Recheck blood glucose in 5 minutes.
<b>GLUCAGON:</b>	1 unit IM – if no IV access immediately available and blood glucose less than 75 mg/dl. May repeat once. Recheck blood glucose in 5 minutes.
<b>NALOXONE:</b>	2 mg SQ/IM/IV/ET, only if respiratory rate less than 10/minute or systolic BP less than 90 AND narcotic overdose is suspected, (e.g. pinpoint pupils, track marks, drug paraphernalia, history of narcotic use, etc.). May repeat twice in 3 minute intervals SQ/IM/IV/ET, if respiratory rate less than 10/minute persists or reoccurs.

**BASE PHYSICIAN ORDERS**

<b>RELEASE-AT-SCENE</b>	Competent adults with normal vital signs, blood sugar, and mental status 10 minutes after ALS intervention, may be released if a cause of their condition and its solution has been identified. Refer to Refusal of EMS Service Policy 570.35.
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