

EMS System for Metropolitan Oklahoma City and Tulsa 2019 Medical Control Board Treatment Protocols





Approved 9/12/18, Effective 1/15/19, replaces all prior versions

EMERGENCY MEDICAL 6D - SEIZURE DISPATCHER ADULT & PEDIATRIC EMERGENCY MEDICAL RESPONDER TREATMENT PRIORITIES **EMD EMT** 1. Vital signs KEEP PATIENT FREE FROM INJURY HAZARDS 2. O₂ AVOID PLACING ANYTHING IN MOUTH 3. Dextrose for hypoglycemia **EMT-INTERMEDIATE 85** PLACE IN RECOVERY POSITION POST SEIZURE 4. Benzodiazepine for sustained, active seizure ADVANCED EMT **PARAMEDIC EMT EMR** GENERAL SUPPORTIVE CARE **OBTAIN VITAL SIGNS** O2 VIA NC or NRB AS APPROPRIATE APPLY CARDIAC MONITOR (if equipped) **EMT OR HIGHER LICENSE:**

> **EMT-185 AEMT**

MEASURE END-TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated)

IV ACCESS

ADULT: IV NS TKO IF SYS BP ≥ 100 mmHg WITHOUT HYPOTENSIVE SYMPTOMS

ADULT: IV NS 250 mL BOLUS IF SYS BP <100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA, ADULT: REPEAT UP TO 2 LITERS NS IF SYS BP REMAINS < 100 mmHg WITH HYPOTENSIVE SYMPTOMS & NO SIGNS OF PULMONARY EDEMA

PEDIATRIC: IV NS TKO IF SYS BP ≥ (70 + 2x age in years) mmHg

PEDIATRIC: IV NS 20 mL/kg BOLUS IF SYS BP < (70 + 2x age in years) mmHg IF NO SIGNS OF PULMONARY EDEMA

DETERMINE BLOOD GLUCOSE

ADULT & PEDIATRIC WEIGHT ≥25 kg HYPOGLYCEMIA CARE:

IF GLUCOSE <50 mg/dL, D50 1 mL/kg IVP UP TO 50 mL GLUCAGON 1 mg IM IF NO VASCULAR ACCESS OBTAINED PEDIATRIC WEIGHT <25 kg HYPOGLYCEMIA CARE:

IF GLUCOSE <50 mg/dL, D25 2 mL/kg IVP UP TO 50 mL GLUCAGON 0.5 mg IM IF NO VASCULAR ACCESS OBTAINED

PARAMEDIC

EVALUATE FOR OTHER ALTERED MENTAL STATUS ETIOLOGIES. TREAT PER APPROPRIATE PROTOCOL(S)

ADULT: MIDAZOLAM 0.1 mg/kg IM/IVP/IN/IOP TO MAX OF 5 mg FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING. ADULT: DIAZEPAM 5 mg IVP/IOP or 10 mg IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE.

MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING. OR ADULT: LORAZEPAM 2 mg IVP/IOP/IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE. MAY REPEAT X 1 IN 10 MINS IF STILL SEIZING.

PEDIATRIC: MIDAZOLAM 0.1 mg/kg IM/IVP/IN/IOP TO MAX OF 5 mg FOR ACTIVE SEIZURE. MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING. PEDIATRIC: DIAZEPAM 0.1 mg/kg TO MAX OF 5 mg IVP/IOP/IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE.

MAY REPEAT X 1 IN 5 MINS IF STILL SEIZING. OR PEDIATRIC: LORAZEPAM 0.1 mg/kg TO MAX OF 2 mg IVP/IOP/IM FOR ACTIVE SEIZURE IF MIDAZOLAM NOT AVAILABLE MAY REPEAT X 1 IN 10 MINS IF STILL SEIZING.

OLMC CONSULT IF SEIZURE CONTINUES DESPITE ABOVE TREATMENT

CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)