

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 510.15
Subject	Basic Life Support Treatment Protocols SEIZURES	Page 1 of 2
References	Title 22, Division 9, Chapter 2 of the California Code of Regulations	Effective Fresno County: 01/15/82 Kings County: 04/10/89 Madera County: 06/15/85 Tulare County: 04/19/05

STANDING ORDERS	
1. Assessment	ABCs
2. Secure Airway	Protect with position, basic airway maneuvers, pharyngeal airway, advanced airway if indicated, assist respirations as needed, suction as needed.
3. Oxygen	Low flow. High flow for status epilepticus, or respiratory compromise. Refer to EMS Policy #510.04.
4. Vital Signs	Monitor vital signs
5. Glucose Monitoring (Ambulance providers and approved agencies only)	Fingerstick for blood glucose monitoring. Record value on PCR and GCS at time of fingerstick
6. Oral Glucose	Oral Glucose - if altered mental status more severe than disorientation to time or date, and if blood glucose is less than 80. May repeat in 5 minutes if altered mental status persists and repeat fingerstick is less than 80.
7. Transport	Minimize on scene time. Stat Transport or rendezvous with ALS ambulance if patient is unstable..
8. Passive cooling	For febrile seizures, remove clothing.
9. Contact Hospital	Per EMS Policy #510.02.

Approved By	Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Director		06/01/2018
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	

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Basic Life Support Treatment Protocols – Seizures

SPECIAL CONSIDERATION AND PRIORITIES

1. Assessment – Airway, vital signs, mental status, pupils, needle tracks, head or spine trauma, pill bottles, ETOH, neuro deficits, focal seizure, postictal paralysis, medications, and known seizure disorder.
2. History from witnesses: Seizure activity? Length of unconsciousness, mental status on arousal, focal neurologic deficits on arousal. Trauma?
3. Do not delay therapy or transport to obtain a detailed history.
4. Protect airway and assist respirations as necessary.
5. If patient is seizing, move objects away from the patient to protect head and neck. Immobilize spine if in setting of trauma and position on left side if no trauma – prevent aspiration.
6. The EMT may also perform a fingerstick for blood glucose testing on a patient complaining of generalized weakness who presents with a diabetic history or is on diabetic medicine when family or acquaintance feels the patient is altered even if the patient is answering all questions appropriately. *This is based on EMT Judgement.* If a glucose monitor is performed and blood glucose is 80 or less, treat per protocol (i.e., orange juice sweetened with sugar, regular soft drinks, candy, or oral paste).
7. Oral Glucose - Consider oral glucose in all patients, no matter what the GCS. This can be applied by rubbing the oral glucose on the inside of the patient’s cheeks.
8. Transport lights/siren for patients with unmanageable airway, deteriorating vital signs or mental status, or persistent or recurrent seizures.
9. Patients with known seizure disorder may have another cause for the present seizure. Always consider trauma in patients prone to sudden loss of consciousness (e.g., is this seizure due to a subdural hematoma sustained during a prior seizure and fall?)
10. “FACTS” mnemonic for seizures:
 - “F” Focus
 - “A” Activity
 - “C” Color
 - “T” Time (onset and duration)
 - “S” Supplemental History (medication compliance, trauma, last seizure)