

SEIZURE STANDING ORDER

Initiate immediate supportive care

During seizure:

- Protect patient from injury
- Remove possible obstacles

Post seizure:

- Oxygen to keep O₂ sat > 90%
- Cardiac monitor if available
- Blood glucose

Use standing order on ALL patients with these symptoms:

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- Status epilepticus
- Generalized seizure activity
- Focal seizure activity
- Postictal mental status

Standing order should NOT be used on patients with these symptoms:

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- Head trauma
- Significant external hemorrhage
- Chest pain
- Abdominal pain
- Dyspnea
- Pregnancy
- Hypoglycemia
- Dysrhythmias where ACLS might be considered

Patient has:

- Status epilepticus
- New onset seizure disorder

Patient has mixed symptoms or wishes to refuse

If patient has had a single seizure with:

- Known seizure disorder
- or
- Febrile illness in a child 3 months to 4 years old

And is hemodynamically stable and returned to baseline mental status

Patient wishes to refuse

These patients may be transported BLS. Provide MEDS relay

Contact medical direction

Patient condition deteriorates: Contact medical direction

Prepare patient for ALS transport

Administer:

- IV NS TKO
- During active seizure administer a benzodiazepine:

VALIUM

Adult: 5 – 10 mg slow IV push *or* rectally if IV unavailable

Peds:

< 5 yo: 0.3 mg/kg slow IV push to a max of 5mg *or* 0.5 mg/kg rectally to a max of 10mg

> 5 yo: 0.3 mg/kg slow IV push to a max of 10mg *or* 0.5 mg/kg rectally to a max of 20mg

OR

VERSED

Adult: 1 – 2 mg slow IV push *or* 0.2 mg/kg IM if no IV access

Peds:

< 5 yo: 0.1 mg/kg slow IV push to a max of 2mg *or* 0.2 mg/kg IM to a max of 4 mg if no IV access

> 5 yo: 0.1 mg/kg slow IV push to a max of 4mg *or* 0.2 mg/kg IM to a max of 4 mg if no IV access

OR

ATIVAN

Adult: 2 - 4 mg slow IV push to a max of 8 mg

Peds: 0.05 - 0.1 mg/kg slow IV push to a max of 4 mg

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No improvement or patient condition deteriorates, contact medical direction immediately