



# SEIZURE DISORDER



## Escambia County, Florida - ALS/BLS Medical Protocol

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This protocol should be used when the patient has witnessed continuous convulsions (generalized tonic-clonic seizure or Grand Mal) or repeating episodes without regaining consciousness or sufficient respiratory decompensation.

Consider underlying etiology, such as: hypoglycemia, drug overdose, head injury, or fever.

Other types of seizures include: absence (Petit Mal), simple partial (focal motor and Jacksonian), complex partial (Psychomotor or Temporal Lobe), atonic (drop attacks), and myoclonic.

When the patient is continuously showing signs of these other types of seizures, Medical Supportive Care should be initiated and the paramedic should contact medical control for further direction.

### Supportive Care

1. [Medical Supportive Care](#).

### ALS Level 1

1. [Lorazepam](#) (Ativan) 0.5-2 mg IV, until seizures begin to diminish. If unable to start IV, administer Lorazepam 1-2 mg IM.
2. Perform [glucose test](#) with finger stick.
3. If glucose is below 60 mg/dL, administer [Dextrose 50%](#) 25 gm (50 ml) slow IV (c).

### ALS Level 2 (*Physician Authorization Required*)


1. For status/continued seizures, consider repeating [Lorazepam](#) (Ativan) 0.5 – 2 mg IV, until seizures begin to diminish.



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### Note


- (c) To avoid infiltration and resultant tissue necrosis, Dextrose 50% should be given slow IV with intermittent aspiration of IV line to confirm IV patency followed by saline flush.
- (d) Females in their third trimester of pregnancy that are seizing should be assumed to have eclampsia.



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