



# SEIZURE DISORDER



## Escambia County, Florida – 1<sup>st</sup> Responder 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.

### ASSESSMENT

- A. Assure ABC's, see [General Supportive Care Protocol](#).

### TREATMENT

- A. Oxygen via Non-rebreather mask if unconscious at 15 LPM nasal cannula if conscious at 2 LPM.
- B. If actively seizing:
1. Protect patient from injury
  2. Do not attempt to insert tongue blade or oral airway
    - o Suction PRN
    - o Nasopharyngeal airway may be useful
    - o Oxygen as above
- C. If not actively seizing:
1. Open airway and suction PRN



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Approved by:

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Charles Neal, D.O. Medical Director



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2. Proceed with secondary survey
  - Obtain history
  - Oxygen as above
  
- D. If recent seizure and patient is postictal:
  1. Place in recovery position
  2. Suction PRN
  3. Oxygen as above
  
- F. If patient is a child, and actively seizing:
  1. Protect patient from injury
  2. Contact responding EMS unit
  3. Is the patient febrile
  4. Cool the patient if febrile (remove clothing, blankets, etc.)
  5. Oxygen as above

## REPORT

- A. Information as indicated in [\*General supportive Care Protocol\*](#).



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