



ALS STANDING ORDERS:

→ For on-going seizures or recurrent intermittent seizure activity without return of consciousness:

- ▶ *Turn to side, protect airway and suction when necessary.*
- ▶ *Midazolam 10 mg IM one time (preferred route). Administer first before starting IV/IO.*
- ▶ *Midazolam 5 mg IV/IN/IO if not able to deliver IM dose or if IV/IO already present; may repeat 5 mg IV/IN/IO once for continued or recurrent seizure activity approximately 3 minutes after initial dose.*
- ▶ *Contact Base Hospital if seizure continues for 5 minutes after first dose IM or second dose IV/IN/IO of midazolam (total of 10 mg administered by any route).*

→ Pulse oximetry and, if available, waveform capnography to monitor oxygenation and ventilation.

If room air oxygen saturation less than 95% give:

- ▶ *High-flow Oxygen by mask (monitor airway to avoid potential aspiration) or nasal cannula at 6 L/min flow rate as tolerated.*

If end tidal CO₂ equals 50 or more:

- ▶ *Assist ventilation with BVM.*

→ Consider hypoglycemia with blood glucose analysis. Treat a blood glucose of 60 or less using an option listed below. If hypoglycemia is suspected and blood glucose is in the range of 60 to 80, treatment based on field impression is appropriate.

Adult/Adolescent:

- ▶ *Oral glucose preparation if conscious and airway reflexes are intact.*
- ▶ *10% Dextrose 250 mL IV/IO (titrated for effect to improve consciousness).*
- ▶ *Glucagon 1 mg IM if unable to establish IV.*

Note: IO access may be used for dextrose administration when patient is unconscious with blood glucose < 60, unable to establish IV and there is no response to IM glucagon.

→ ALS escort to nearest ERC or contact Base Hospital as needed.

Approved:

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