

# SEIZURES - EMERGENCY

(ISS MED/3A - ALL/FIN)

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I

## NOTE

Contact Surgeon before giving any medication marked with an asterisk. In an emergency or during Loss of Signal, begin appropriate treatment; then call Surgeon as soon as possible.

- ALSP (red)
1. Restrain patient.  
If seizure resolved, go to step 6.  
If seizure persists, go to step 2.

## NOTE

1. Generalized seizure, or total body convulsions, may result from severe illness, head injury, stroke, prolonged hypoxia, or other disorders. It is most important to prevent injury during the seizure by guiding the patient away from hard structures; do not tightly restrain. Ensure that the airway is open, but do not insert any object into the mouth. There is a good chance the seizure will resolve on its own, but as soon as seizures are recognized, Diazepam (Valium) injection should be prepared.
2. Following a generalized seizure, the following may commonly be seen: short period of no breathing, confusion, no memory of event, incontinence of bladder or bowel, high blood pressure. These will generally resolve within a few hours. The patient should be checked thoroughly for injuries, including tongue laceration from bite injury.

- ALSP (red)
2. Diazepam (Valium) Injectable (Drug-8,9,10) - Sedative, anticonvulsant/antiseizure drug
- \_\_\_-2 Relanium (Diazepam) - Injectable IM

## NOTE

Valium and Relanium are both trade names for the drug Diazepam, used to stop seizures while they are occurring. The CHeCS (Tubex Cartridge) and Russian (Ampule) drugs are equivalent in concentration and dose. Diazepam is poorly absorbed IM and preferably given IV. If CMO cannot access IV, it may be given IM.

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Dose: Inject 2cc intravenously (slowly, give entire ampule over 2 minutes) or intramuscularly as soon as possible.

Refer to {INJECTIONS - INTRAVENOUS} (SODF: ISS MED: INJECTIONS/IV), {INJECTIONS - INTRAMUSCULAR} (SODF: ISS MED: INJECTIONS/IV).

### WARNING

May cause low blood pressure, reduced breathing rate, sedation when given IV.

### NOTE

The following drugs should not be used together as they may cause excessive drowsiness: Ambien, Benadryl, Claritin, Compazine, Dilantin, Demerol, Haldol, Morphine, Phenergan, Restoril, Valium, Vicodin, Soma, Grandaxin, Persen, Phenazepam, Phenibut, Radedorm, Relanium, Rudotel, Suprastin, Tavegil, Xanax.

Possible side effects

Drowsiness, fatigue, nausea, slow heart rate, blurred vision

3. If no effect or seizure persists, repeat Diazepam (Valium) injection after 5 minutes.
4. If seizure persists after two doses of Diazepam (Valium)
  - 4.1 Start IV, if not previously started.  
Refer to {INJECTIONS - INTRAVENOUS} (SODF: ISS MED: INJECTIONS/IV).
  - 4.2 Attach ECG Leads.  
Refer to {CARDIOPULMONARY RESUSCITATION: CPR - ECG DATA STORAGE - EMERGENCY} (SODF: ISS MED: EMERGENCY).
  - 4.3 If Diazepam (Valium) does not control seizure, give Phenytoin (Dilantin) IV.  
Monitor blood pressure.

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### WARNING

1. ECG must be monitored to give Dilantin IV.
2. Stop Dilantin injection on Surgeon call.

ALSP  
(red)

5. Administer Phenytoin (Dilantin) Injectable (Drug-43 --- 52) - For treatment of seizures

Dose: Inject one ampule (50 mg/ml/2 ml) IV, slowly.

Inject one full ampule and additional ampules at no more than 0.5 ml per minute.

Up to 10 ampules may be used.

### WARNING

Dilantin IV must be delivered at less than 1cc/minute to prevent dysrhythmias, low blood pressure, and reduced breathing rate.

### NOTE

The following drugs should not be used together as they may cause excessive drowsiness: Ambien, Benadryl, Claritin, Compazine, Demerol, Dilantin, Haldol, Morphine, Phenergan, Restoril, Valium, Vicodin, Soma, Grandaxin, Persen, Phenazepam, Phenibut, Radedorm, Relanium, Rudotel, Suprastin, Tavegil, Xanax.

Possible side effects

Slurred speech, confusion

6. After seizure stops

If no pulse or respiration, perform {CARDIOPULMONARY RESUSCITATION: CPR - EMERGENCY} (SODF: ISS MED: EMERGENCY).

If unconscious, insert airway and provide ventilatory support.

Refer to {CARDIOPULMONARY RESUSCITATION: CPR - EMERGENCY} (SODF: ISS MED: EMERGENCY).

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If patient conscious and not vomiting and able to swallow tablets, go to step 10 for first dose of oral medication, then return to step 7.

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7. Start IV if not previously started.  
Refer to {INJECTIONS - INTRAVENOUS} (SODF: ISS MED: INJECTIONS/IV).
8. Attach ECG leads.  
Refer to {CARDIOPULMONARY RESUSCITATION: CPR - ECG DATA SUPPORT - EMERGENCY} (SODF: ISS MED: EMERGENCY).
9. Contact Surgeon.
10. If person is conscious following seizure and able to swallow tablets, provide oral medication to prevent recurrence.

### DRUG HELP

Either Phenytoin (Dilantin) or Phenazepam may be taken orally to prevent recurrence of seizure. Phenazepam is associated with more sedative side effects than Phenytoin, but this is not a significant problem in this setting. Preferably ground support will advise on choice. If comm not available, administer either one as soon as patient able to swallow. Pantogam is a supplemental medication and is not so urgent in using; ground will advise.

AMP  
(blue)

Phenytoin (Dilantin) Oral (P1-B21) - For treatment of seizures

Dose: 1 tablet every 4 hours for 5 doses in first 24 hours, then 1 tablet 3 times/day.

-OR-

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Phenazepam Oral - For treatment of seizures

Dose: 2 tablets  
Ground will advise if further doses necessary.

Possible side effects  
Drowsiness, muscle weakness, dizziness

Supplemental medication: ground will advise on use

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— Pantogam Oral - For treatment of seizures

Dose: 1-2 tablets 2 times/day

Possible side effects

Allergic reactions (rhinitis, skin rash)

### NOTE

The following drugs should not be used together as they may cause excessive drowsiness in combination: Ambien, Benadryl, Claritin, Compazine, Dilantin, Demerol, Haldol, Morphine, Phenergan, Restoril, Valium, Vicodin, Soma, Grandaxin, Persen, Phenazepam, Phenibut, Radedorm, Relanium, Rudotel, Suprestin, Tavegil, Xanax.

11. If seizure recurs, contact Surgeon, return to step 3, and contact Surgeon as soon as possible.

Possible side effects

Drowsiness, fatigue, nausea, slow heart rate, blurred vision