Prehospital Care Bundles

The MLREMS Prehospital Care Bundles have been created to provide a simple framework to help EMS providers identify the most critical elements when caring for a patient. These bundles do not replace protocol, but are designed to assist quality assurance and performance evaluations as we work collectively to optimize the delivery of prehospital medicine. As the science and evidence changes, so will these care bundles.

The New York State Collaborative Protocols and the MLREMS Care Bundles are intended to improve patient care by prehospital providers. They reflect current evidence and the consensus of content matter experts. The Collaborative Protocols and the MLREMS Care Bundles are intended to provide principles and direction for the management of patients that are sufficiently flexible to accommodate the complexity of care in the prehospital environment. No Protocol or Care Bundle can be written to cover every situation that a provider may encounter, nor are they substitutes for the judgement and experience of the provider. Providers are expected to utilize their best clinical judgement to deliver care and procedures according to what is reasonable and prudent for specific situations. However, it is expected that any deviations from protocol shall be documented along with the rationale for such deviation.

NO PROTOCOL OR CARE BUNDLE IS A SUBSTITUTE FOR SOUND CLINICAL JUDGEMENT.

Seizure

Care Bundle

Seizure

Metric	Goal
Safe space	Ensure a safe environment for any patient with active convulsions
Benzodiazepine Administration	Administer midazolam within 2 minutes of identification
Capnography	Prehospital respiratory rate and $EtCO_2$ monitoring
Blood Glucose	Obtained and documented
Temperature	Document tactile or measured temperature

Theory/Evidence

Safe Space

- Creating a safe space for any patient with active convulsions prevents further injury to the patient.

Benzodiazepine Administration

- Intramuscular administration of a benzodiazepine (midazolam) is a priority in any patient with active convulsions and is the most effective route of administration. Subsequent doses may be administered via intravenous route; however, IM provides for the fastest time to drug effect.

Capnography

- Monitoring airway, ventilation, and oxygenation is a best practice in any patient with active convulsions. This monitoring is also best practice in any post-ictal patient that has not yet returned to their baseline mental status.

Blood Glucose

- Should be checked to treat for hypoglycemia, a reversible cause of seizure. Administration of benzodiazepines takes priority and blood glucose determination should be made after the first dose of benzodiazepine administration.

Temperature

- Febrile seizures are the most common cause of seizure in the pediatric population and any patient who is (or was) actively convulsing should have a documented temperature whether it be measured by a device, or ascertained by palpating the skin.