



Seizure

History

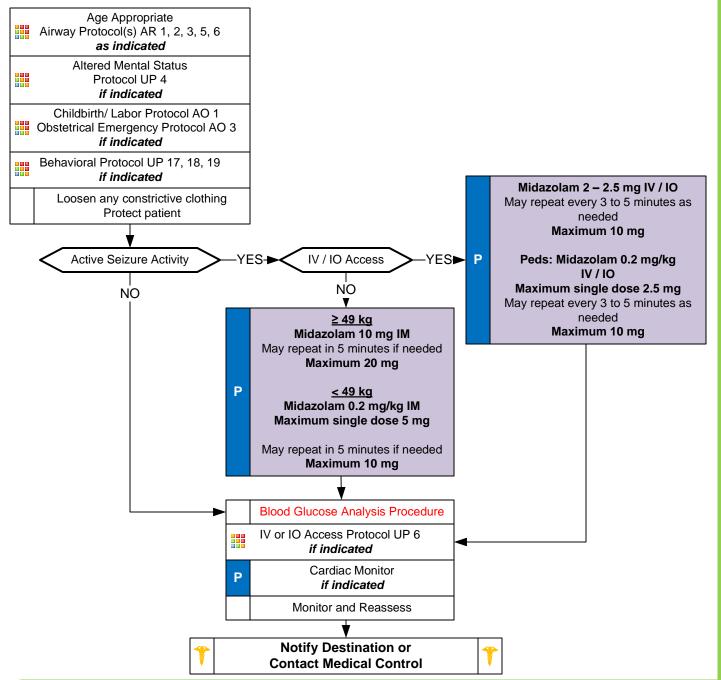
- Reported / witnessed seizure activity
- Previous seizure history
- Medical alert tag information
- Seizure medications
- History of trauma
- History of diabetes
- History of pregnancy
- Time of seizure onset
- Document number of seizures
- Alcohol use, abuse or abrupt cessation
- Fever

Signs and Symptoms

- Decreased mental status
- Sleepiness
- Incontinence
- Observed seizure activity
- · Evidence of trauma
- Unconscious

Differential

- CNS (Head) trauma
- Tumor
- Metabolic, Hepatic, or Renal failure
- Hypoxia
- Electrolyte abnormality (Na, Ca, Mg)
- Drugs, Medications,
 Non-compliance
- Infection / Fever
- Alcohol withdrawal
- Eclampsia
- Stroke
- Hyperthermia
- Hypoglycemia





Seizure

Pearls

- Recommended Exam: Mental Status, HEENT, Heart, Lungs, Extremities, Neuro
- Items in Red Text are key performance measures used to evaluate protocol compliance and care.
- Brief seizure-like activity can be seen following ventricular fibrillation or ventricular tachycardia associated cardiac arrest.
- Status epilepticus is defined by seizure activity lasting > 5 minutes or multiple seizures without return to baseline.
- Most seizure activity is brief, lasting only 1 2 minutes, and is associated with transient hypoventilation.
- Be prepared for airway problems and continued seizures.
- Seizure activity may be a marker of closed head injury, especially in the very young, examine for trauma.
- Adult:

Midazolam 10 mg IM is effective in termination of seizures.

Do not delay IM administration with difficult IV or IO access. IM Preferred over IO.

Pediatrics:

Midazolam 0.2 mg/kg (Maximum 5 mg) IM is effective in termination of seizures.

Do not delay IM administration with difficult IV or IO access. IM Preferred over IO.

- Do not delay administration of anti-epileptic drugs to check for blood glucose.
- Grand mal seizures (generalized) are associated with loss of consciousness, incontinence, and tongue trauma.
- **Focal seizures** affect only a part of the body and are not usually associated with a loss of consciousness, but can propagate to generalized seizures with loss of consciousness.
- Be prepared to assist ventilations especially if diazepam or midazolam is used.
- For any seizure in a pregnant patient, follow the AO 3 Obstetrical Emergencies Protocol.
- Optimal conditions for patients refusing transport following a seizure:

Known history of seizures/epilepsy
Full recovery to baseline mental status

No injuries requiring treatment or evaluation

Adequate supervision

Seizure not associated with drugs or alcohol Only 1 seizure episode in the past hour Seizure not associated with pregnancy