



Seizure

History

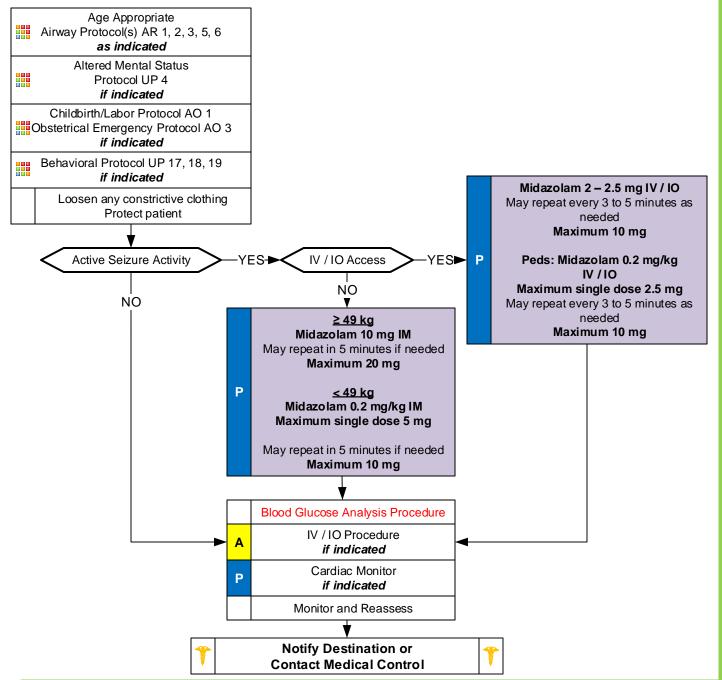
- Reported / witnessed seizure activity
- Previous seizure history
- Medical alert tag information
- Seizure medications
- History of trauma
- History of diabetes
- History of pregnancy
- Time of seizure onset
- · Document number of seizures
- Alcohol use, abuse or abrupt cessation
- Fever

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 OB Emergencies Protocol.
- Diazepam (Valium) is not effective when administered IM. Give IV or Rectally.

• Optimal conditions for patients refusing transport following a seizure:

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

No initiation and action of the state of the

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 niversal Protocol Section