

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

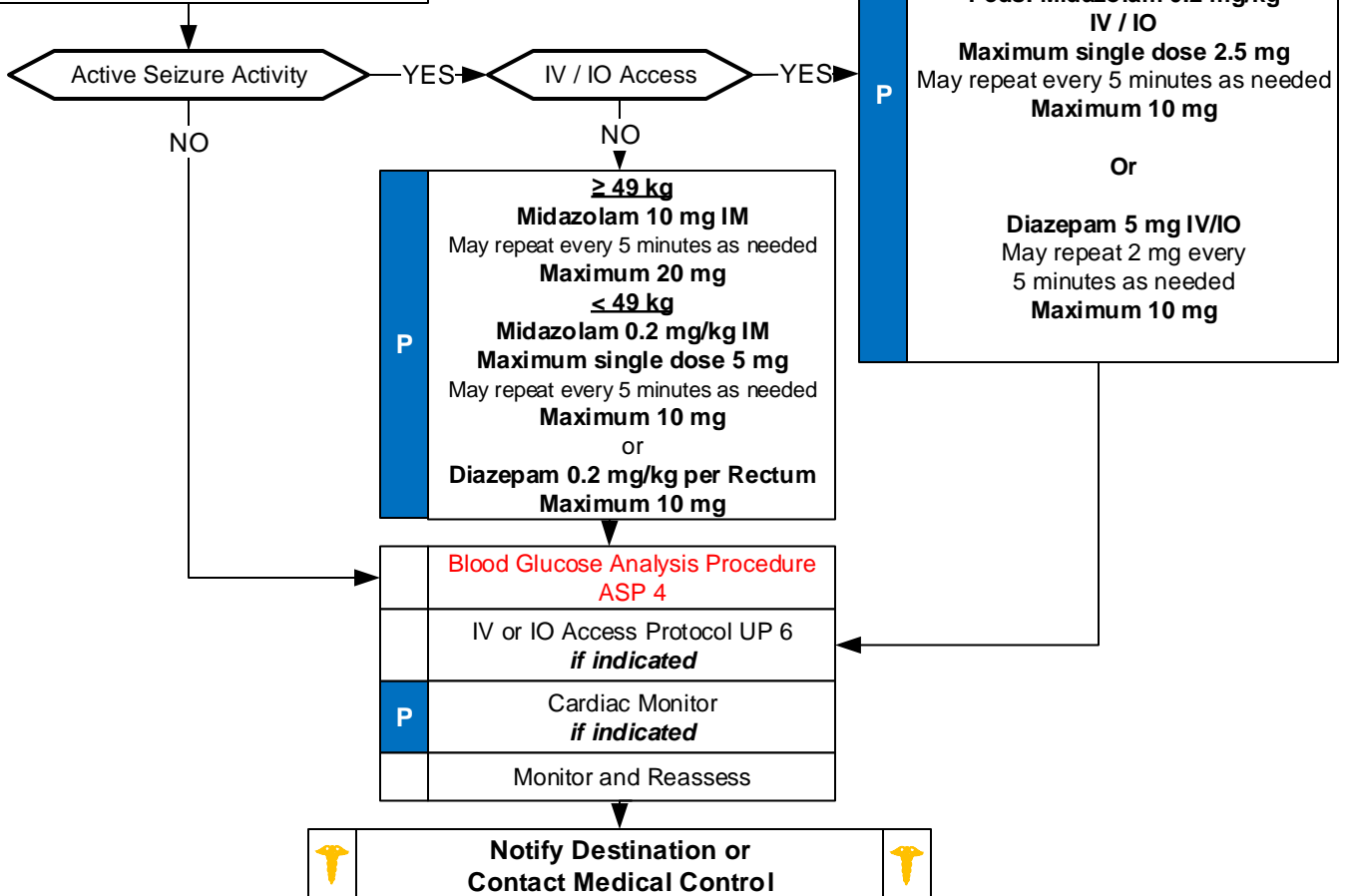
Signs and Symptoms

- * 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

	Age Appropriate Airway Protocol(s) AR 1, 2, 3, 5, 6 as indicated
	Altered Mental Status Protocol UP 4 if indicated
	Childbirth/Labor Protocol AO 1 Obstetrical Emergency Protocol AO 3 if indicated
	Behavioral Protocol UP 17 if indicated
	Loosen any constrictive clothing Protect patient



Seizure



**** Refer to Length Based Medication Tape for Medication Doses IF pediatric patient's weight is unknown ****

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 medications 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 midazolam is used.**
- * **For any seizure in a pregnant patient, follow the AO 3 Obstetrical Emergencies Protocol.**
- * **Midazolam is well absorbed when administered IM.**
- * **Optimal conditions for patients refusing transport following a seizure:**

Known history of seizures/epilepsy	Seizure not associated with drugs or alcohol
Full recovery to baseline mental status	Only 1 seizure episode in the past hour
No injuries requiring treatment or evaluation	Seizure not associated with pregnancy
Adequate supervision	