

## START MANAGEMENT BUT ALWAYS CONTACT SENIOR

Most seizures self terminate within 2 minutes

If not aim to start medications no later than 5 mins post onset

### ABCDE ASSESSMENT

### MANAGEMENT

- 15L O<sub>2</sub> non-rebreath mask
- Airway management
- Full set observations
- IV Access
- Recovery position

### ANY ADVERSE FEATURES

- Airway obstruction
- Hypoxic
- Hypotensive
- Febrile

NO

YES

**CALL FOR HELP  
GET CRASH TROLLEY**

### CHECK CAPILLARY GLUCOSE

### GLUCOSE IV 15mins

BM  $\geq$  4.0

- 100ml 20% Glucose
- 200ml 10% Glucose

BM < 4.0

### STEP 1: IF DOES NOT SELF TERMINATE in <5 mins

-CHOOSE 1 OF FOLLOWING OPTIONS-

MIDAZOLAM  
10mg BUCCAL

DIAZEPAM  
10mg PR

LORAZEPAM  
4mg IV  
(preferred if access)

0.1mg/kg to 4mg max.  
Most patients  $\geq$  40kg

### IF SEIZURE PERSISTING > 10mins

### STEP 2

**CALL SENIOR**

**LORAZEPAM 4mg IV**

-repeat if already given step 1-

IF SEIZURE PERSISTING > 15 mins

### STEP 3

-ONLY TO BE INITIATED BY SENIOR-

**PHENYTOIN 20mg/kg IV**  
Max dose 2g  
Rate 50mg/min

- Monitor BP
- ECG

**LEVETIRACETAM**  
60mg/kg IV  
Max dose 4.5g  
in 100ml NaCl 0.9%  
Rate 10 min

**VALPROATE**  
40mg/kg IV  
Max dose 3g  
in 100ml NaCl 0.9%  
Rate 5 min

### SEIZURE PERSISTING

### STEP 4

- ESCALATE TO CRITICAL CARE -

### ADJUNCTIVE TREATMENTS

#### Suspected Alcohol Abuse:

- PABRINEX IV
- CIWA-Ar

#### Suspected Cerebral Oedema - Vasculitis / Cerebral Tumour:

- DEXAMETHASONE 10mg IV
- After discussion with Senior + CT Head showing cerebral oedema

### POST SEIZURE MANAGEMENT

#### ABCDE Assessment

- Monitor Physical observations / GCS

#### ABG:

- pH / pO<sub>2</sub> / Lactate

#### Bloods:

- FBC / U&E / Magnesium / Calcium / LFT / CRP
- Coagulation (if potential intracerebral bleed)
- Consider toxicology screen (i.e. Tricyclic / Anti-depressants)
- Anticonvulsant medication level (if taking these)
- Cultures (if potential infective cause)
- Capillary glucose/VBG glucose (if diabetic / low BM)

#### Other Investigations (as appropriate):

- Lumbar Puncture
- CT Head
- EEG

#### Review medications:

- Those likely to reduce seizure threshold e.g. Quinolones
- See BNF for further information

#### Seizure Prophylaxis

- Senior will advise on any seizure prophylaxis required:
  - e.g. Levetiracetam
- Consider prescription of Step 1 PRN medication in case of repeat seizure