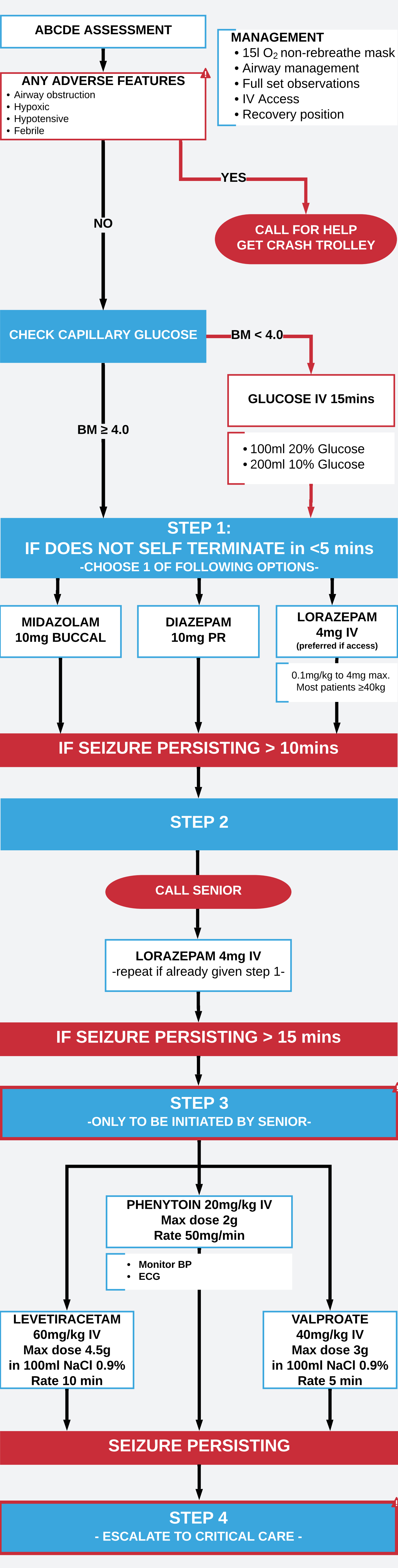


START MANAGEMENT BUT ALWAYS CONTACT SENIOR

Most seizures self terminate within 2 minutes
If not aim to start medications no later than 5 mins post onset



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 / pO₂ / 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 likley 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