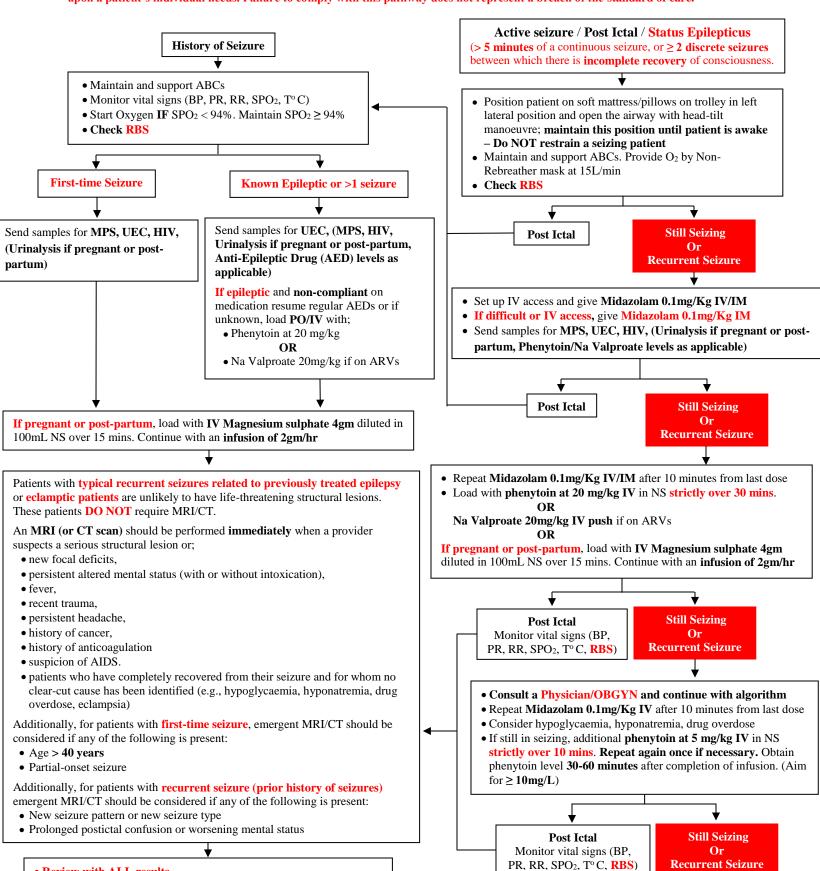
6. Seizures Algorithm

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.



• Intubate and ventilate

0.1mg/kg/hour IV

the results.

• Obtain CT Head (if not

• Admit ICU. Consult a

Physician/OBGYN

patient; keep $T^{\circ} C \leq 37^{\circ} C$

4 Propofol 1mg/kg IV +

• Start infusion of midazolam

pregnant) and review ALL

Rocuronium 1.2mg/kg

• Review with ALL results

Criteria for discharge;

- First onset <u>single</u> seizure in a patient < 40 year who has completely recovered from their seizure and for whom no clear-cut cause has been identified (e.g., hypoglycaemia, hyponatraemia, tricyclic overdose) and with normal investigations. No follow-up is necessary unless seizure recurs
- Known epileptic who has completely recovered from their seizure and for whom a clear-cut cause has been identified (e.g. non-compliance, sub-therapeutic drug levels) and with normal investigations. Patient should be loaded with anticonvulsants if non-therapeutic prior to discharge and adequate follow-up arranged.

Consult a **Physician** on ALL other patients. Consult an **OBGYN** for all pregnant or post-partum patients