

Seizures

(Adapted from an evidence-based guideline created using the National Prehospital Evidence-Based Guideline Model Process)

Aliases

Convulsions
Status epilepticus

Eclampsia

Febrile seizure

Patient Care Goals

1. Prompt cessation of seizures in the prehospital setting
2. Minimizing adverse events in the treatment of seizures in the prehospital setting
3. Minimizing seizure recurrence during transport

Patient Presentation

Seizures due to trauma, pregnancy, hyperthermia, or toxic exposure should be managed according to those condition-specific guidelines

Inclusion Criteria

Seizure activity upon arrival of prehospital personnel or new/recurrent seizure activity lasting greater than 5 minutes

Exclusion Criteria

None noted

Patient Management

Assessment

1. History
 - a. Duration of current seizure
 - b. Prior history of seizures, diabetes, or hypoglycemia
 - c. Typical appearance of seizures
 - d. Baseline seizure frequency and duration
 - e. Focality of onset, direction of eye deviation
 - f. Concurrent symptoms of apnea, cyanosis, vomiting, bowel/bladder incontinence, or fever
 - g. Bystander administration of medications to stop the seizure
 - h. Current medications, including anticonvulsants
 - i. Recent dose changes or non-compliance with anticonvulsants
 - j. History of trauma, pregnancy, heat exposure, or toxin exposure
2. Exam
 - a. Airway patency
 - b. Breath sounds, respiratory rate, and effectiveness of ventilation
 - c. Signs of perfusion (pulses, capillary refill, color)
 - d. Neurologic status (GCS, nystagmus, pupil size, focal neurologic deficit, or signs of stroke)