



Seizure

COG
A-27

History:

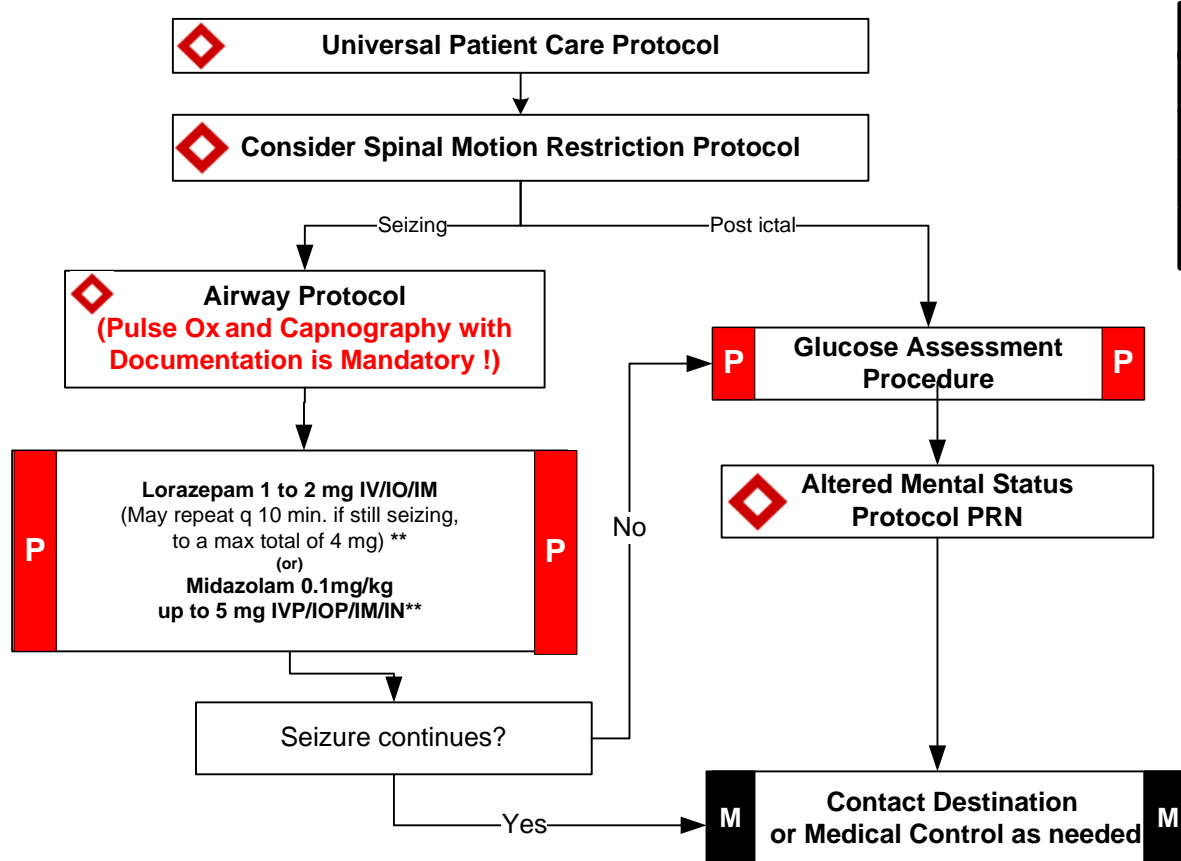
- Reported / witnessed seizure activity
- Previous seizure history
- Medical alert tag information
- Seizure medications
- History of trauma
- History of diabetes
- History of pregnancy

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, K+)
- Drugs, Medications, Non-compliance
- Infection / Fever
- Alcohol withdrawal
- Eclampsia
- Stroke
- Hyperthermia
- Hypoglycemia



S	System Responder	S
B	EMT - B	B
P	EMT-P	P
CC	EMT-CCP	CC
M	Medical Control Contact Required	M

Pearls:

- Status epilepticus is defined as two or more successive seizures without a period of consciousness or recovery. This is a true emergency requiring rapid airway control, treatment, and transport.
- **Grand mal seizures (generalized)** are associated with loss of consciousness, incontinence, and tongue trauma.
- **Focal seizures (petit mal)** effect only a part of the body and are not usually associated with a loss of consciousness
- **Jacksonian seizures** are seizures which start as a focal seizure and become generalized.
- Assess possibility of occult trauma and substance abuse.
- Monitor for respiratory depression and hypotension associated with **Midazolam & Lorazepam**. ****Pulse OX and Capnography with Documentation is Mandatory!** Be prepared to assist ventilations especially if **Midazolam** is used.
- For any seizure in a pregnant or recently post partum patient, follow the **OB Emergencies Protocol**.
- **Lorazepam and Midazolam Doses** are to be titrated to effect, maintaining SBP >100 mmHg and/or peripheral pulses present.
- Always use **smallest dose** possible to achieve desired effect. Elderly should start with ½ normal dose of Lorazepam or Midazolam.