Revised 3/1/2000

n-3 SEIZURES

PRIORITIES:
- ABCs
- Airway maintenance, support respiration, prevent body injury
- Determine degree of physiologic distress, possible cause of seizure
- Assess and document course of seizure
- Assure an advanced life support response
- Obtain patient history – note number of seizures and time interval of seizure activity

General Seizures

Tonic, clonic movements followed by a period of unconsciousness (post-ictal period). Usually history of prior seizures on medication, alcohol withdrawal..

1. Ensure a patent airway (use bite block if it can be easily inserted)
   a. Insert oropharyngeal/nasophyarngeal airway as tolerated;
   b. Assist ventilation as needed;
   c. Suction as necessary.

1. Be prepared to support ventilation with appropriate airway adjuncts;
2. OXYGEN THERAPY – Begin oxygen at 6 liters/ minute by nasal cannula or 10 liters/minute by mask. If there is a history of Chronic Obstructive Pulmonary Disease (COPD), observe for respiratory depression and support respirations as needed. **DO NOT** withhold oxygen from a patient in cardiorespiratory distress because of a history of COPD.
3. Protect patient from injury by placing padding appropriately. Move objects away from patient. Do not forcibly restrain the patient;
4. Immobilize the spine in trauma or the suspicion of trauma;
5. Position on left side if no trauma;
6. Assist advanced life support personnel with patient packaging and movement to ambulance;
7. Consider:
   - Cooling with moist towels if febrile;;
   - Diabetic hypoglycemia
   - Protect the patient from further injury;
   - Provide for patient privacy if possible.