Information Needed

1. History: onset, duration, previous seizures, description from witnesses, events preceding seizure, tonic/clonic activity, loss of continence, tongue biting, head trauma, neck pain, headaches; past medical history of seizures, diabetes, heart disease, pregnancy; medications; drug and alcohol use.
2. Physical findings: postictal state, bleeding from mouth, wet pelvic area, medical alert bracelet.

Treatment

1. Protect airway, suction and assist ventilation as needed.
2. Administer O_2 moderate to high flow.
3. Immobilize spine if traumatic injury suspected.
4. Determine vital signs (pulse, blood pressure, respirations, SPO2).
5. Perform patient assessment.
6. Obtain ECG if appropriate.
7. If patient not showing improving LOC following seizure or has had multiple seizures:
    a. Establish venous access and draw blood.
    b. Determine blood sugar.
    c. If blood sugar <70 give Dextrose 50%.
    d. If narcotic suspected give Naloxone.
    e. If the seizure is prolonged (greater than 5 minutes) or multiple seizures occur without a lucid interval between (status epilepticus), administer lorazepam IV or IO. If IV or IO access is impractical, administer midazolam MAD.
8. Many patients with chronic seizure disorder will not want transport to hospital. Consult medical control for appropriate disposition

Notes

1. Protect the patient, move hazardous objects away from patient. Restrain only if necessary to protect patient. Be prepared for another seizure.
2. First time seizures are a significant medical event and should be evaluated by a physician.

3. Seizures in patients over 50 are frequently due to dysrhythmias.
4. Pediatric patients frequently have febrile seizures.
5. Patients withdrawing from alcohol frequently have seizures.
6. Seizures in pregnant or postpartum females should be given benzodiazepines first, then consider magnesium sulfate. The first priority is to stop the seizure activity, subsequent application of magnesium sulfate can prevent further seizures in the setting of ecclampsia.
7. Status epilepticus is a condition which the patient has prolonged or repeated seizures without a return to consciousness. If you arrive on scene and the patient is still seizing, they can be assumed to be in status epilepticus. This is a true medical emergency which carries a high morbidity rate.