

M6

SEIZURES

A seizure is characterized as sudden transient disturbances of the nervous system function resulting from abnormal electrical activity within the brain. It is not a specific disease, but rather a group of symptoms that are manifestations of any condition that overstimulates the nerve cells of the brain. These transient disturbances of brain function are usually associated with some alteration of consciousness. These attacks may remain confined to simple changes in behaviour or may progress to a generalized convulsion.

GENERAL

- personal protective equipment should be utilized as appropriate
- body substance isolation techniques and equipment should be utilized as appropriate

During a Seizure

- remove hazards from the immediate surroundings
- protect the patient from falling unsupported to the ground or striking objects
- position the patient on their side, with the head supported in a neutral in-line position
 - protect the head and other parts of the body from striking objects but do not restrain the patient
 - do not restrain any portion of the patient's body
- establish ABCs and administer high concentration oxygen
- maintain the patient's personal dignity by minimizing bystanders and covering the patient if possible
- observe and record the pattern of the seizure(s)
- note and record the duration of the seizure(s)

After a Seizure

- primary survey
- have suction ready in the event the patient regurgitates stomach contents
 - suction if indicated
- continue to administer high concentration oxygen until the patient is alert
- reassure the patient
- secondary survey
- obtain a pertinent medical history
 - history of seizure disorder
 - medications – name, dose, and when last taken
 - alcohol or drug abuse
 - recent trauma or illness
- measure blood glucose if trained and certified to measure blood glucose
 - manage documented hypoglycemia, as indicated, if trained and certified to do so
- treat identified injuries (see specific Guidelines)
- initiate transport
 - on scene times should be kept to a minimum

- maintain high concentration oxygen delivery to the patient
 - assist ventilations if required
- treat other life-threatening conditions en route
- transport the patient to the nearest appropriate health care facility
 - notify the receiving health care facility of the patient's status as soon as possible
 - transport in recovery position, if possible
 - monitor and treat the patient en route
 - additional surveys and treatments should be conducted en route
- report all findings to the receiving facility staff, and document on the patient care report

SPECIAL CONSIDERATIONS

Status Epilepticus

- maintain a patent airway
- suction as necessary
 - exercise care when suctioning to prevent injury to mouth
- provide high concentration oxygen
- load and go should be initiated immediately

Febrile Seizures

- provide initial care for a child as for an adult experiencing a seizure
- position the child so a patent airway can be maintained
- transport with parents accompanying the child
- if the child appears febrile and covered in blankets remove blankets
 - use acetaminophen to treat the child's fever if trained and certified to do so
- provide high concentration oxygen to the patient

NOTE

- patients who have suffered a seizure may exhibit abnormal behaviour as they recover from their seizure
 - they may appear lethargic, drift into sleep, have short term memory loss, become aggressive, agitated or confused
 - it may be helpful to reorient the patient by telling them where they are, what happened, and what is being done to ensure their well-being
- assessment and treatment should take place after the seizure has terminated
 - the main concern for a seizing patient is their own safety
- in the case of status epilepticus, treatment and transport will be necessary while the patient is actively seizing
- EMS personnel trained and certified to treat seizure activity using benzodiazepines may do so as outlined in the Seizure Management Protocol
- EMS personnel trained and certified to use acetaminophen in the setting of a fever may do so as outlined in the Acetaminophen Protocol

- transport the patient in a quiet non-stimulating environment
 - flashing lights and siren may agitate the patient, but should be used if the patient requires urgent transport due to their condition
- do not attempt to insert tongue blades or other instruments into the mouth of a patient who is having a seizure
 - any device designed to forcibly open a patient's mouth is **contraindicated** for use by EMS personnel

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