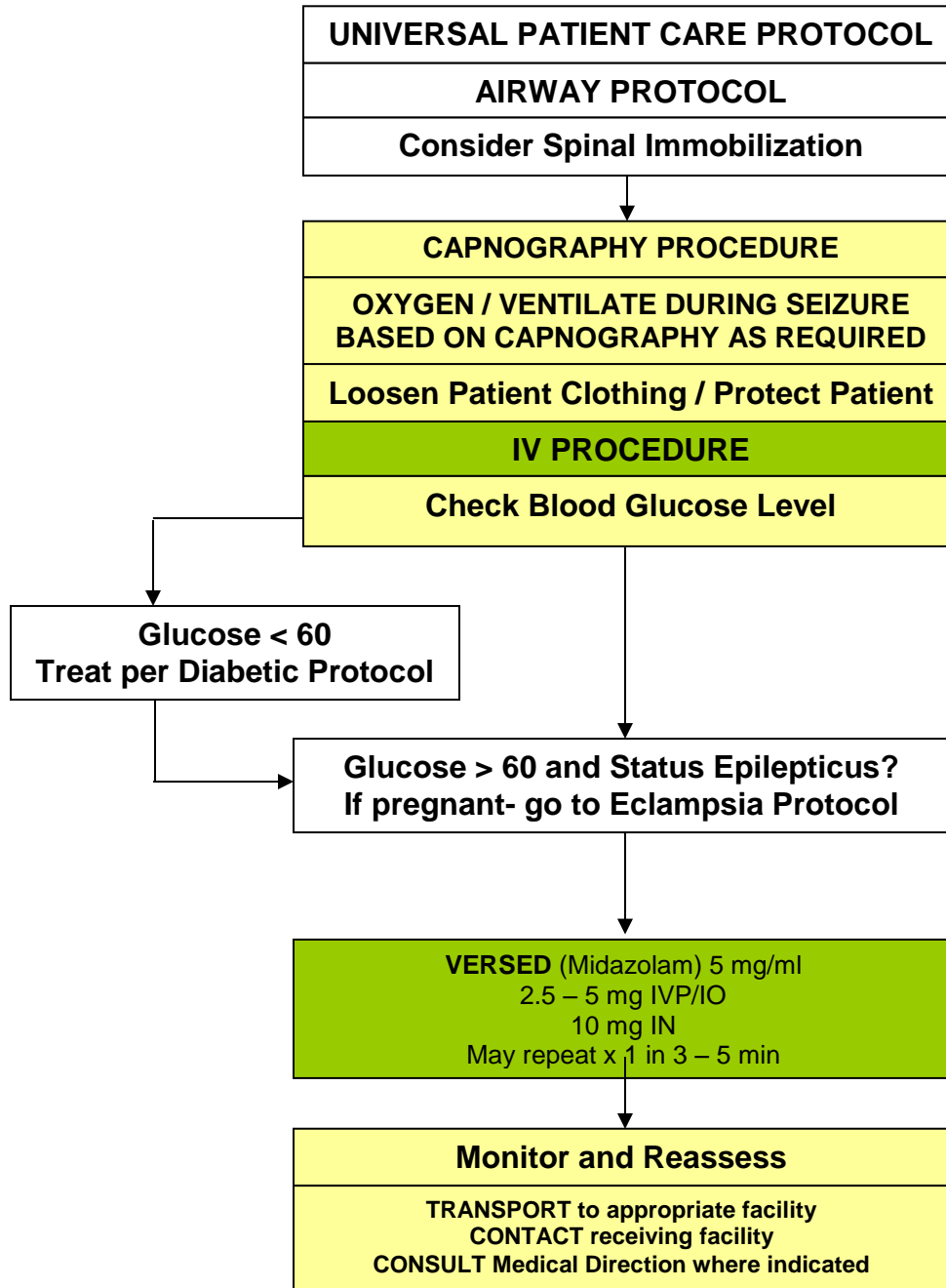




Section 5: Adult Medical Emergencies Protocol

ADULT MEDICAL EMERGENCIES: SEIZURES

E	EMT	E
A	AEMT	A
P	PARAMEDIC	P
M	MED CONTROL	M





Section 5: Adult Medical Emergencies Protocol

ADULT MEDICAL EMERGENCIES: SEIZURES-Cont.

PEARLS and KEY POINTS

HISTORY	SIGNS AND SYMPTOMS	DIFFERENTIAL DIAGNOSIS
<ul style="list-style-type: none"> Reported / witnessed seizure activity Previous seizure history Medical alert tag information Seizure medications History of trauma History of diabetes History of pregnancy 	<ul style="list-style-type: none"> Decreased mental status Sleepiness Incontinence Observed seizure activity Evidence of trauma 	<ul style="list-style-type: none"> CNS (head) trauma Tumor Metabolic, hepatic, or renal failure Hypoxia Electrolyte abnormality (na, ca, mg) Drugs, medications, non-compliance Infection / fever Alcohol withdrawal Eclampsia Stroke Hyperthermia

Categories of Seizures

Complex = Unconscious	Focal = Partial, Localized
Simple = Conscious	Generalized = All Body

- Simple Focal
- Simple Generalized
- Complex Focal
- Complex Generalized

- Exam: Mental Status, HEENT, Heart, Lungs, Extremities, Neuro
- **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 possibly tongue trauma.
- **Focal seizures** (petit mal) effect only a part of the body and are not usually associated with a loss of consciousness.
- **For any seizure in a pregnant patient, follow the OB Emergencies Protocol and call Medical Control**
- Benzodiazepine administration is reserved for patients who are actively seizing only, not for prophylaxis of seizures.
- Be prepared to manage the airway and breathing of patients who have received benzodiazepines such as Versed
- Jacksonian seizures are seizures that start as a focal seizure and become generalized.
- Be prepared for airway problems and continued seizures.
- Assess possibility of occult trauma and substance abuse.
- The seizure has usually stopped by the time the EMS personnel arrive and the patient will be found in the postictal state.
- There are many causes for seizures including; epilepsy, head trauma, tumor, overdose, infection, hypoglycemia, and withdrawal. Be sure to consider these when doing your assessment.
- Routinely assess the patient's airway.
- If the patient is combative and postictal, **DO NOT** use the Restraint Procedure before assessing for / treating hypoglycemia and hypoxia.
- If the patient is actively seizing, move any objects that may injure the patient. Protect, but do not try to restrain them.