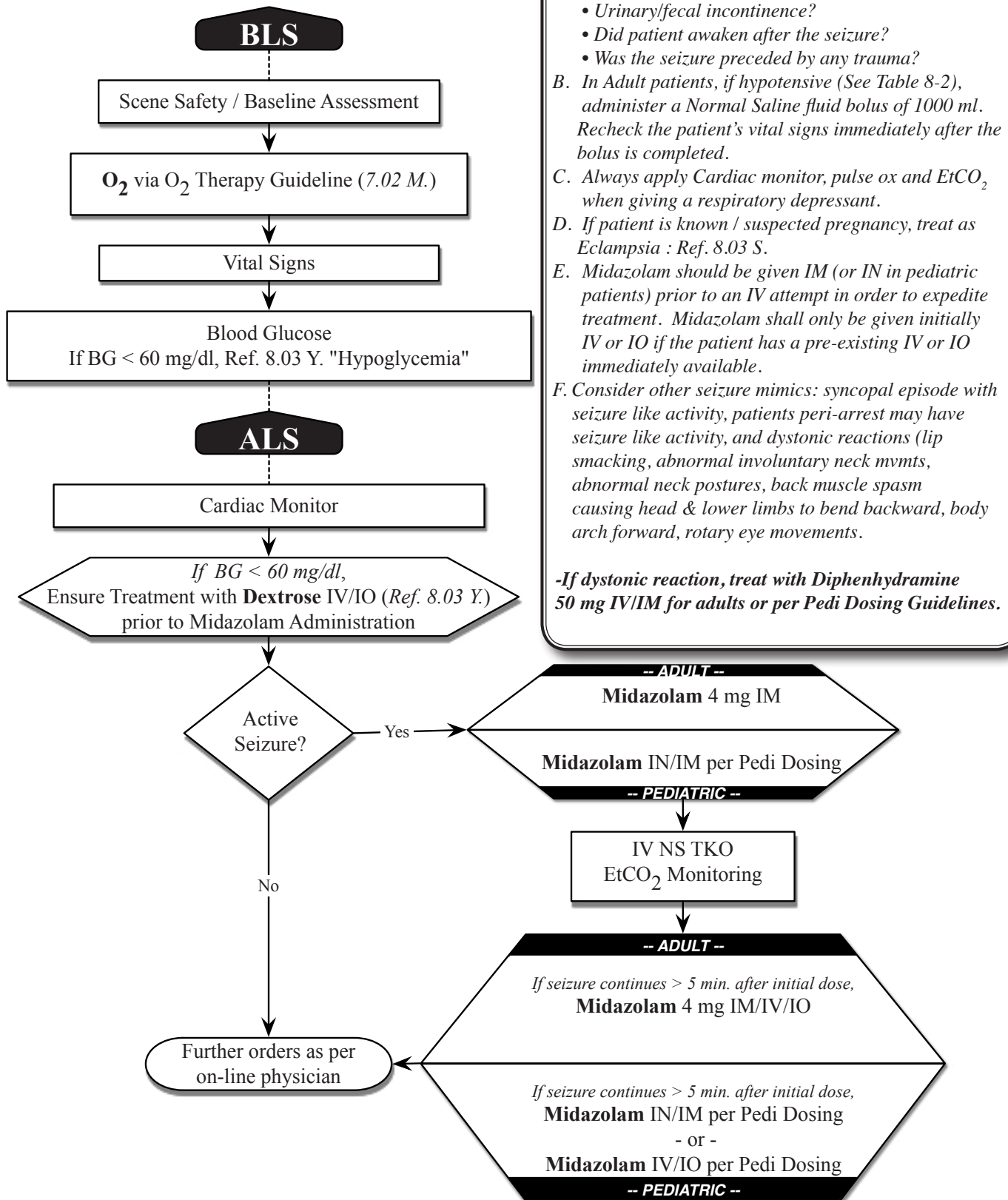


8.03 DD. Seizure Activity



A. *Baseline assessment considerations:*

- How many seizures has the patient had?
- Is there a history of seizures or diabetes?
- On medications for seizures?
- What did the seizure activity look like?
- Urinary/fecal incontinence?
- Did patient awaken after the seizure?
- Was the seizure preceded by any trauma?

B. *In Adult patients, if hypotensive (See Table 8-2), administer a Normal Saline fluid bolus of 1000 ml. Recheck the patient's vital signs immediately after the bolus is completed.*

C. *Always apply Cardiac monitor, pulse ox and EtCO₂ when giving a respiratory depressant.*

D. *If patient is known / suspected pregnancy, treat as Eclampsia : Ref. 8.03 S.*

E. *Midazolam should be given IM (or IN in pediatric patients) prior to an IV attempt in order to expedite treatment. Midazolam shall only be given initially IV or IO if the patient has a pre-existing IV or IO immediately available.*

F. *Consider other seizure mimics: syncopal episode with seizure like activity, patients peri-arrest may have seizure like activity, and dystonic reactions (lip smacking, abnormal involuntary neck mvmts, abnormal neck postures, back muscle spasm causing head & lower limbs to bend backward, body arch forward, rotary eye movements.*

-If dystonic reaction, treat with Diphenhydramine 50 mg IV/IM for adults or per Pedi Dosing Guidelines.