Seizure Management

Initial ABCDE-style management

- Maintain airway
- 15L oxygen via non-rebreather mask
- Recovery position
- Secure IV access

Pharmacological seizure management

WITHIN...

10 minutes: 4mg lorazepam IV (or 10mg diazepam IV) – if no IV access, 10-20mg diazepam PR
20 minutes: repeat above
30 minutes: phenytoin 18mg/kg IV (at 50mg/min with ECG monitoring)
60 minutes: general anaesthesia in intensive care unit

Also: 50ml 50% glucose IV if any suggestion of hypoglycaemia
Also: Pabrinex IV if any suggestion of alcohol abuse

After patient has come round

- Post-ictal period may last a few hours
- Find cause
  - Full history
  - Multi-system examination (including full neuro exam – any focal signs?)
  - Complete any outstanding investigations above
- Treat cause
- Refer to medical team/neurology or seizure clinic
- Give driving advice and advise patient to inform DVLA (see DVLA notes)

Common causes of seizures

- Neurological: epilepsy (idiopathic or secondary), brain tumour, meningitis/encephalitis, post-stroke, head trauma, congenital abnormalities/peri-natal hypoxia
- Metabolic: hypoglycaemia, hyponatraemia, hypocalcaemia, hyperuricaemia
- Drugs: overdoses, drugs of abuse, alcohol withdrawal, toxins
- Febrile convulsion
- Eclampsia