Seizure

History
- Reported / witnessed seizure activity
- Previous seizure history
- Medical alert tag information
- Seizure medications
- History of trauma
- History of diabetes
- History of pregnancy

Signs and Symptoms
- Decreased mental status
- Sleepiness
- Incontinence
- Observed seizure activity
- Evidence of trauma
- Unconscious

Differential
- 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
- Hypoglycemia

Pearls
- Recommended Exam: Mental Status, HEENT, Heart, Lungs, Extremities, Neuro
- Items in Red Text are key performance measures used to evaluate protocol compliance and care
- 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 tongue trauma.
- Focal seizures (petit mal) effect only a part of the body and are not usually associated with a loss of consciousness.
- Jacksonian seizures are seizures which start as a focal seizure and become generalized.
- Be prepared for airway problems and continued seizures.
- Assess possibility of occult trauma and substance abuse.
- Be prepared to assist ventilations especially if diazepam or midazolam is used.
- For any seizure in a pregnant patient, follow the OB Emergencies Protocol.
- Diazepam (Valium) is not effective when administered IM. It should be given IV or Rectally. Midazolam is well absorbed when administered IM.

Protocol 31
Any local EMS System changes to this document must follow the NC OEMS Protocol Change Policy and be approved by OEMS 2009