## **Seizure**

## **Common Seizure Types** Signs of Eclampsia **Tonic-clonic:** a regular pattern • SBP >160, DBP >110 Routine Medical Care of contraction and extension Confusion of the arms and legs Pulmonary edema RUQ or epigastric pain Absence seizures: brief loss Seizures and return of consciousness, generally not followed by a Yes Is patient > 20 weeks pregnant period of lethargy (uterus appears above umbilicus) Complex partial seizures: focal or < 6 weeks postpartum? seizures with altered mental status (as opposed to simple Give Magnesium Sulfate 4g IV/ partial seizures where the level of consciousness is normal) IO in NS or D5W infusion over 10 No minutes **Refer to Obstetric Complication** protocol Is patient seizing? Check capillary blood glucose Yes Adminster Midazolam 10mg IM No Treat hypoglycemia if CBG < 60mg/dl</li> if IV access not already obtained per Diabetic Emergency protocol (even if seizing stops before injection) Obtain IV access Contact Medical Control Check capillary blood glucose Generalized or complex partial for additional orders or • Treat hypoglycemia if CBG < 60mg/dl seizure activity begins in the consultation per Diabetic Emergency protocol presence of EMS? Obtain IV access Yes Give Benzodiazepine (Midazolam is 1<sup>st</sup> choice if available) Is patient Yes Midazolam 2.5mg IV/IM/IO (max dose = 10mg) or seizing after does not include initial IM dose if seizing upon arrival 5 min? Diazepam 5mg IV/IM/IO (max dose = 10mg) or Repeat q2min until max dose or seizure stops No \* NOTE: Diazepam should not be given intranasally

- Magnesium Sulfate should be used as the first-line treatment for eclampsia and should be given prior to benzodiazepines.
- Transport all new onset seizures to an ED with a functional CT scanner. If seizure is secondary to trauma, transport to a Trauma Center

Provide oxygenation if status epilepticus present; titrate to maintain SpO<sub>2</sub> > 94%

Prepare for assisted ventilations, as needed, once patient is post-ictal

- Transport pregnant patient on the left side or manually displace the uterus to the left to facilitate blood return to the heart
- Status epilepticus is defined as continuous seizure activity for 5 minutes or more without return of consciousness, or recurrent seizures (2 or more) without an intervening period of neurologic recovery. Status epilepticus should be treated for all seizure types where consciousness is lost even briefly (e.g. absence). Simple partial status epilepticus does not require repeat doses of benzos.

• Look for signs of trauma and/or

• Obtain IV access prior to transport

head injury