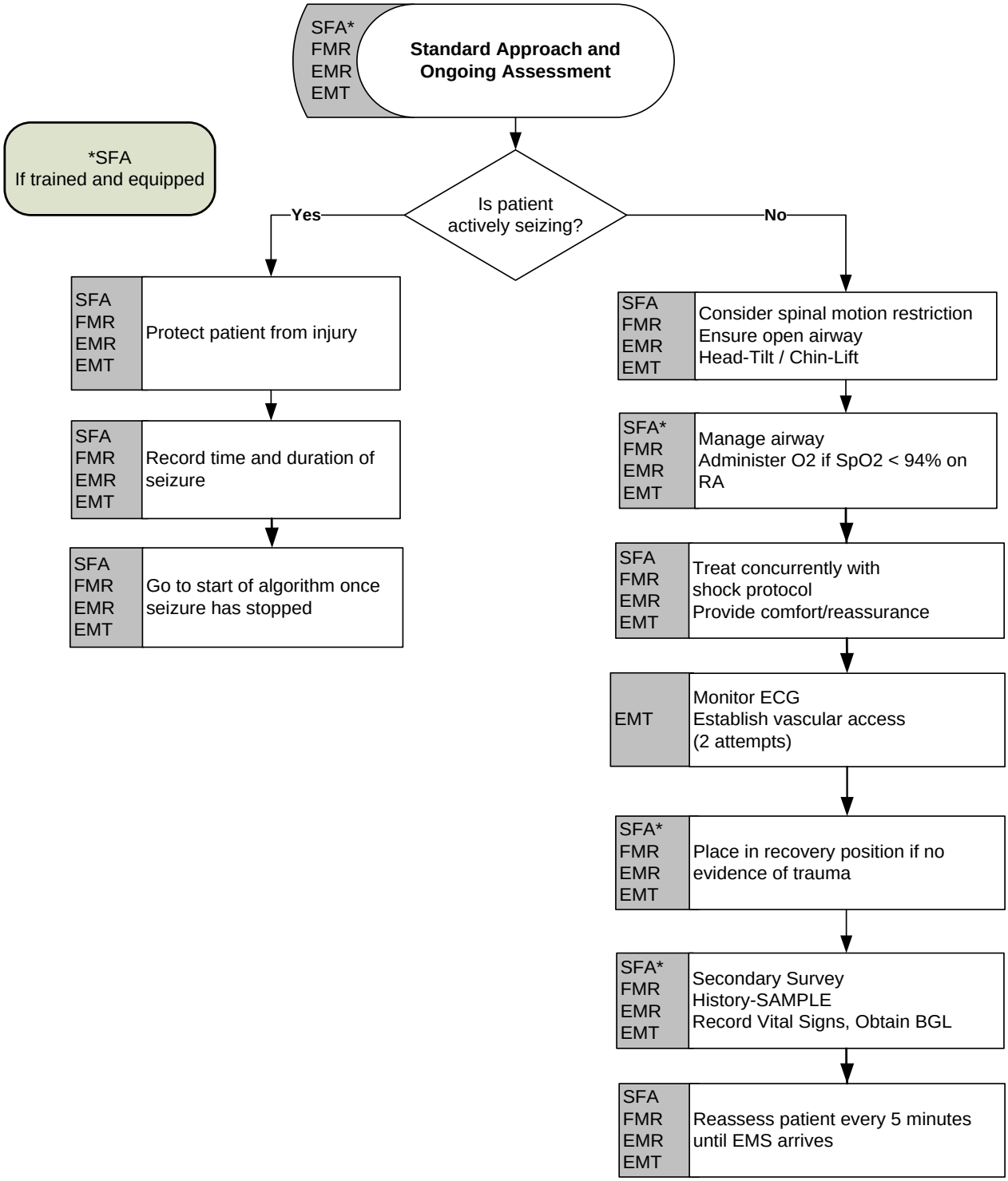
Algorithm 24 Seizure



Seizure (Algorithm 24)

Seizures may be caused by a number of conditions including hypoglycaemia, fever, head injury, stroke, infection, pregnancy, hypoxia, and epilepsy.

They can be focal, involving only a certain area of the body; or they can be tonic-clonic, involving the entire body.

Most patients experiencing a seizure will lose consciousness and some will vomit.
The focus of the Medical First Responder is to ensure patient safety, prevent injury, and ensure airway patency.

Management

- Do not attempt to restrain the patient.
- Move furniture and other objects away from the patient.
- Consider c-spine precautions because the patient may have fallen when the seizure began.
- Provide high-flow oxygen (if trained and equipped) as soon as possible.
- Patients may become combative as they recover from the seizure.
- Document the duration of the seizures and the areas of the body involved.
- Acquire a blood glucose level if time allows

Conscious Patients

Stop the Overheating Process As Indicated
All patient activity must cease and the patient must be immediately moved to a cooler environment. Excessive outer clothing should be removed to facilitate cooling. Active cooling of the body temperature is instituted in suspected heat stroke by fanning the patient, placing cool compresses in the groin and armpits, or wet-sponging the skin.
Do not put ice packs directly onto the patient's skin as it may cause injury.
Do not cool the patient to the point at which shivering takes place because this produces heat.

Complete the Primary survey
Provide oxygen (if trained and equipped) by NRB at 10 - 15 litres/min.

Treat for Shock If Indicated
If the patient has an increased heart rate, is pale, cool, has clammy skin, experiences dizziness/faintness, or is weak or exhausted; treat the patient for shock as per the SHOCK algorithm.

Unconscious Patients

- Determine the LOC (**AVU**).
- Assess the **ABC**.
- Treat for shock.

Shock (Algorithm 25)

Perform a Primary survey
Assessment of the mechanism of injury is helpful in determining the potential for the development of shock in trauma. It is also essential to quickly search for immediate life-threatening injuries, such as profuse external bleeding and to perform critical interventions.
Patients who are suspected of being in shock or who have the potential to develop shock should be placed in a recumbent position as soon as possible.

Oxygen Instructions (if trained and equipped)

Oxygen should be administered as early as possible in shock or potential shock patients. Oxygen is a high-priority treatment since it is capable of slowing the progress of shock.

Conserving Body Warmth

Maintaining body warmth requires the use of oxygen. By covering the patient with blankets and reducing metabolic demands for thermo regulation, the patient's need for oxygen is lessened.

Elevation of Lower Extremities

This should be done only if there is no risk of spinal injury or fractures of the legs. Patients who are secured on a spine board and are in shock can have the lower end of the board elevated. Use caution if cardiogenic shock is suspected.

Reassess the LOC (AVU)

Assess the **ABC**.
A baseline set of vitals is important in determining changes in the patient's status. Vitals should be repeated frequently, preferably over 5 min intervals in order to monitor cardiovascular and neurological changes.

Decrease in peripheral vascular resistance, can be caused by:

Anaphylactic Shock

Histamine release causes peripheral vasodilation and a shift of fluid from intravascular spaces into interstitial space