Approach to Seizure
8/27/2017

Simple Seizure = Seizure ends + wake up < 5 mins AND wake up before next seizure (no meds required)

1) Describe, describe, describe - ask about aura, LOC, motor findings, temporal sequence of events, what did eyes do, were they get tense/shake + which happened first, were they groggy when waking up, did they wake up fast, did they fall

2) Ask everybody about TIME
   - When did it start and how long did it last AND:
     ➢ T – tongue biting
     ➢ I – Incontinence
     ➢ M – medication changes
     ➢ E – Ethanol intake

3) Do a full neuro exam: Mental status, CNs, motor, sensory, cerebellar, reflexes

4) Workup – remember in 2’s glucose:pregnancy, CBC:lytes, urine drug screen:seizure drug levels

5) No indicated tx for simple seizure: roll them on their side and suction secretions (status epilepticus is a brain melting neurologic emergency and requires treatment!)

Quick Facts:

- Status Epilepticus = 2nd seizure before return of consciousness or >5 mins of seizure
- Tongue biting usually occurs on the side of the tongue or on cheek
- Walking, heel to toe, walking on heels, walking on toes, tandem gait are very sensitive for strength, sensory, and cerebellar function abnormalities -> WALK YOUR PATIENTS
- Some clinicians will give lorazepam for seizing patients, but is not indicated for SIMPLE seizures