

## 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** = 2<sup>nd</sup> 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