Seizure Response and First Aid

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Convulsions: before it starts

- Is the bedroom/bathroom safe?
- Recommend an ID bracelet or tag
- Do you typically have time to move to a safe location before a convulsions starts?
Convulsions: activities for patients to avoid

- No working in high places (e.g. roof)
- Avoid swimming (should never be done without close supervision)
Convulsions: what *not* to do

- Freak out
- Put a wallet in the mouth
- Put fingers in the mouth
  - No one has ever swallowed their tongue
- Restrain the patient
Convulsions: what to do

- Move away any dangerous objects
- Loosen clothing around the neck
- Protect the head
- Time the event whenever possible
Convulsions: what to do
Convulsions: the silver lining!

• Seizures end
• >90% will stop spontaneously
• Majority of seizures end in less than 60 seconds.
• Many patients will become cyanotic (turn blue). Almost all will resume breathing normally (“pink up”).
Convulsions: what to do (beyond safety)

• Primary goal is maintaining safety
• If possible, take note of how the patient is moving (left or right side moving at onset, eyes pushed one way or another)
• If the patient is safe, capturing the seizure on video can be very helpful to the physician.
Do I call an ambulance?

- It depends:
- Significant injury?
- Convulsion exceptionally long or unusual for the patient?
- Patient not waking up like usual?
- Any convulsion lasting > 5 minutes requires a trip to the hospital
Convulsions: what to do afterwards

- Stay with the patient
- Turn them on their side (vomiting risk)
- Make sure they wake up/improve
- Make sure effective breathing is restored
- Help orient the patient
- History of seizure clusters?
- Some patients have exploratory or dangerous behavior afterwards (“post-ictal behavior”).
Convulsions: what to do afterwards

• Should the patient take more of their medication?
Convulsions: what to do (hospital)

• Manage secretions with suctioning
• Describe the event out loud if the patient is on video monitoring
• Don’t stand in front of the video camera
• When the seizure is over do basic neurology testing: naming, repetition, pronator drift, finger and toe taps.
• If the patient is verbal during the seizure, ask a memory question: “remember ‘purple dinosaur’”
Non-convulsive seizure

• Usually not dangerous, but in many patients can progress to a seizure.
• Can be difficult to notice: patient staring off, behavioral arrest, lip smacking, repetitive movements ("automatisms")
Aura

• Usually retained consciousness
• Again not usually dangerous, but can often proceed a convulsion
• Abortive medication for some patients
  – Lorazepam or diazepam
Preventing the next convulsion

• Record the seizure in a diary or epilepsy.com
• Contact your MD if you think that current mediations are insufficient
• Eliminate known triggers: sleep deprivation, alcohol, flashing lights, etc.
Questions?