Seizure

If actively fitting call a doctor and transfer to Resus

1) Fully undress, apply a gown and wrist band

2) Record vital signs: BP, HR, RR, SpO₂, Temp, GCS, Pupils, BM
   Commence Observation Chart and Early Warning Score - follow ED Escalation Plan

3) If history of head injury or preceding severe headache discuss with Senior Doctor re urgent CT head scan

4) Perform venepuncture: FBC, UE, LFT and GGT
   Perform VBG only for difficult to control seizures (NOT needed if first seizure)
   Add Calcium and Magnesium only if no previous result available on NOTIS
   Take Blood Cultures if signs of sepsis

5) Cannulate and complete VIPS if:
   • >1 seizure
   • Persistent reduced GCS
   • Headache
   • Signs of sepsis
   • Signs of alcohol withdrawal (tremor, tachycardic, hx high alcohol intake)
     NOTE - seek prescription for IV Thiamine and chlordiazepoxide

6) Perform ECG and get it reviewed (? prolongation of QTc interval)

7) Ensure patient allocated a cubicle visible to nurses’ station

Any tasks NOT completed within IAU should be handed over verbally to the team and placed on NURSE ORDERS

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