

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