

# Convulsions (Adults)

**Table 3.54 – ASSESSMENT and MANAGEMENT of:**

## Convulsions in Adults

**NB Always take a defibrillator to a convulsing patient – this may be the presenting sign of circulatory arrest at the onset of sudden cardiac arrest.**

ASSESSMENT	MANAGEMENT
● Assess ABCD	<ul style="list-style-type: none"> <li>If any of the following <b>TIME CRITICAL</b> features present:           <ul style="list-style-type: none"> <li>major <b>ABCD</b> problems – <b>hypoxia may cause convulsions</b></li> <li>serious head injury</li> <li>status epilepticus – following failed treatment</li> <li>underlying infection, e.g. meningococcal septicaemia (<a href="#">refer to benzylpenicillin guideline</a>), then:               <ul style="list-style-type: none"> <li>eclampsia – <a href="#">refer to pregnancy induced hypertension (including eclampsia)</a>, then:</li> <li>Start correcting <b>A</b> and <b>B</b> problems.</li> <li>Check blood glucose to ensure hypoglycaemia is identified and treated.</li> </ul> </li> <li>Undertake a <b>TIME CRITICAL</b> transfer to nearest receiving hospital if the patient can be moved despite convulsing – it is important to reach hospital for definitive care as rapidly as possible.</li> <li>Continue patient management en-route.</li> <li>Provide an alert/information call.</li> </ul> </li> </ul>
If not <b>TIME CRITICAL</b>	<ul style="list-style-type: none"> <li>Take a history from patient/eyewitness – if possible, to ascertain if a convolution has occurred.</li> </ul>
If the patient is known to suffer from epilepsy, check if they have an individualised treatment plan	<ul style="list-style-type: none"> <li>Follow the individualised treatment plan if available.</li> <li>Patients are usually on anti-epileptic medication such as phenytoin, sodium valproate (Epilem), carbamazepine (Tegretol), and lamotrigine (Lamictal).</li> </ul>
<b>Specifically assess:</b> <b>Type of convolution</b>	<p>Ascertain type of convolution if still convulsing:</p> <ul style="list-style-type: none"> <li>Epileptic.</li> <li>Eclamptic convolution (<a href="#">refer to pregnancy induced hypertension (including eclampsia) guideline</a>).</li> </ul>
<b>Blood glucose level</b>	<ul style="list-style-type: none"> <li>Convulsion may be a presenting sign of <b>HYPOGLYCAEMIA</b> – consider in <b>ALL</b> cases.</li> <li>Check blood glucose level if &lt;4.0 mmol/l or clinically suspected, administer glucose (<a href="#">refer to glycaemic emergencies guideline</a>; <a href="#">glucose 10% guideline</a> and <a href="#">glucagon guideline</a>).</li> </ul>
<b>Heart rate and rhythm</b>	<ul style="list-style-type: none"> <li>Monitor heart rate and rhythm for <b>ARRHYTHMIA</b> (<a href="#">refer to cardiac rhythm disturbance guideline</a>) e.g. a burst of rapid ventricular tachycardia may drop the blood pressure, and cause transient cerebral <b>HYPOXIA</b>, giving rise to a convolution.</li> </ul>
<b>Temperature</b>	<ul style="list-style-type: none"> <li>A raised temperature and any sign of a rash may indicate meningococcal septicaemia (<a href="#">refer to meningococcal septicaemia guideline</a>).</li> </ul> <p>NB Patients often feel warm to touch following generalised convulsions due to the heat generated by excessive muscular activity.</p>
<b>Blood pressure</b>	<ul style="list-style-type: none"> <li>Severe hypotension can trigger a convolution e.g. with syncope or a vasovagal attack where the patient remains propped up.</li> <li>In these instances there will usually be a clear precipitating event and no prior history of epilepsy. Once the patient lies flat and the blood pressure is restored the convolution may stop.</li> </ul>
<b>Alcohol/drug usage</b>	<ul style="list-style-type: none"> <li>Convulsions are more common in alcoholics, are associated with hypoglycaemia and can be triggered by a number of prescription or illegal drugs (e.g. tricyclic antidepressants) – <a href="#">refer to glycaemic emergencies guideline</a>.</li> </ul>
<b>Injury</b>	<ul style="list-style-type: none"> <li>Assess for mouth/tongue injury – often accompanies an epileptic convolution.</li> <li>Is there any history of head injury?</li> <li>Dislocated shoulder.</li> <li>Road Traffic Collision may have resulted from a convolution – <a href="#">refer to appropriate trauma guideline</a>.</li> </ul> <p>NB Wherever possible, obtain contact details of any witnesses and pass this to the receiving hospital.</p>
<b>Incontinence</b>	<ul style="list-style-type: none"> <li>Often accompanies a convolution.</li> </ul>
● Airway	<p><b>DO NOT</b> attempt to force an oropharyngeal airway into a convulsing patient. A nasopharyngeal airway is a useful adjunct in such patients – <b>NB Caution in patients with suspected basal skull fracture or facial injury.</b></p>