

Convulsions (Adults)

Table 3.54 – ASSESSMENT and MANAGEMENT of:

Convulsions in Adults <i>continued</i>	
ASSESSMENT	MANAGEMENT
● Position	<p>● Position patient for comfort and protect from dangers, especially the head.</p>
● Oxygen	<p>ACTIVE CONVULSION</p> <ul style="list-style-type: none"> ● Administer 15 litres per minute until a reliable SpO₂ measurement can be obtain and then adjust oxygen flow to aim for a target saturation within the range 94–98% – as a convulsion occurs the brain is acutely starved of oxygen. <p>POST-ICTAL</p> <ul style="list-style-type: none"> ● Apply pulse oximeter. ● Measure oxygen saturation. ● Administer supplemental oxygen if hypoxaemic (SpO₂ of <94%) (refer to oxygen guideline).
● Medication	<p>Most tonic/clonic convulsions are self-limiting and do not require drug treatment. Establish if any treatment has already been administered.</p> <p>Midazolam – refer to patient's own midazolam instructions.</p> <ul style="list-style-type: none"> ● If a grand-mal convolution is still continuing ten minutes after the first dose of midazolam: <ul style="list-style-type: none"> – the ambulance clinician can advise the carer to administer a second dose of midazolam – ambulance paramedics and technicians can administer the patient's own prescribed midazolam – if they are competent to administer medication via the buccal or intranasal route and are familiar with the indications, actions and side effects of midazolam – a paramedic can administer a single dose of diazepam intravenously (IV) or rectally (PR). <p>NB Due to the time taken to cannulate and administer intravenous diazepam and the time it takes for rectal diazepam to act, a second dose of midazolam is preferable.</p> <p>If the patient does not have their own midazolam:</p> <p>Diazepam</p> <ul style="list-style-type: none"> ● Administer diazemuls. Rectal diazepam (stesolid) may be given when IV access cannot be obtained (refer to diazepam guideline) for: <ul style="list-style-type: none"> – fits lasting >5 minutes and STILL FITTING – repeated fits in close succession – not secondary to an uncorrected hypoxia or hypoglycaemic episode – status epilepticus – eclamptic fits lasting >2-3 minutes or recurrent. <p>If a grand-mal convolution continues ten minutes after the second dose, medical advice should be sought. Refer to eclampsia guideline.</p>
● Transfer	<p>Transfer to further care:</p> <ul style="list-style-type: none"> ● Patients suffering from serial convulsions (three or more in an hour). ● Patients suffering from an eclamptic convolution (refer to pregnancy induced hypertension (including eclampsia) guideline). ● Patients suffering their first convolution. ● Difficulties monitoring the patient's condition. <p>NB Known epileptics who make a full recovery, are not at risk and can be supervised adequately, can be managed at home following local guidelines.</p> <p>For these patients:</p> <ul style="list-style-type: none"> ● Measure and record vital signs with the explanation given to the patient. ● Advise the patients and carer to contact the general practitioner (GP) if the patient feels generally unwell or 999 if there are repeated convulsions. ● Document the reasons for the decision not to transfer to further care and this must be signed by the patient and/or carer. ● Ensure contact is made with the patient's GP particularly where the patient has made repeated calls. ● Provide an information sheet. <p>NB It is important not to label a patient as epileptic unless there is a known diagnosis.</p>