

Seizure/Fits

Observations/NEWS

Read Patient Alerts



- ☒ Temperature
- ☒ Pulse
- ☒ Blood pressure
- ☒ Respiratory rate
- ☒ Oxygen saturations (on air or O2 %)
- ☒ **Blood glucose**

- ☒ AVPU
- ☒ Pupil size
- ☒ Consider Alcometer
- ☒ **Complete CIWA/GMAWS if ?alcohol Withdrawal seizure**

Investigations

Discuss with senior staff; not all patients will require all investigations, especially patients with known seizure disorders

If **NO** history of Epilepsy/or alcohol excess

Consider:

- IV access
- Admission bloods (as per order set): FBC, U&E, LFTs, add Glucose, Ca, Mg²⁺, Phosphate & CK.
- VBG (lactate)
- ECG
- CT head after discussion with senior

If Pregnant: MEWS chart, BP, urinalysis



Treatments

Consider:

- If blood glucose <4mmol/l follow 'Management of Hypoglycaemia' guidelines (Overleaf)
- If history of alcohol excess/dependence follow CIWA/GMAWS guidance
- Benzodiazepines (as per CIWA/GMAWS guidelines).
- IV fluid if BP low

Red flags

- **Head injury:** Important to establish collateral history, seizure activity could be post traumatic.
- **Abnormal ECG:** Cardiac arrhythmias and/or electrolyte imbalances can lead to seizure activity.
- **History of overdose or poisoning:** Ensure Toxbase is checked.
- **Pregnancy:** Escalate to senior staff - MEWS chart should be used.
- **Purpura:** A rash on any part of the body that is caused by small haemorrhages under the skin. A purpuric rash does not blanch (go white) when pressure is applied to it.
- **Non-blanching rash:** A rash that does not go return to natural skin colour after pressure is applied.
- **Signs of meningism:** Classically a stiff neck together with headache and photophobia.

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