

Name:_____ Oasis:_____

Questions

CEPCP

Professional Development:Seizures

Question 1

You and your partner are working a night shift. It has been a steady night so far and you are both relieved to be back at the station. Just as the 11 o'clock news start the base pager sound. The details are garbled over the speaker but it sounds like a child, possibly VSA.



Adrenaline is coursing through your veins as you pull the truck outside and receive further details. 'three year old female, unresponsive, turning blue, unknown if breathing'. The eight minute trip to the residence seems like it takes forever. As you knock on the door you hear a voice screaming 'come in, hurry, hurry, oh please hurry up!' A frantic mother tells you that her three year old daughter has been sick with a fever for several days. Tonight she also noticed a rash developing. She went to check on the patient and found her unresponsive, eyes 'rolled back', rigid and turning blue. You are lead to a child's bedroom where you see an average size three year old female in a full body seizure. There is definite cyanosis present throughout her extremities and lips.

a)

What type of seizure is this patient most likely having, given the description of the events?

Your partner begins to manage the airway. The mother enters the room with cold soaked cloths. 'She is burning up with a fever, I need to cool her down.' she says to explain the cloths.

b)

What should you tell the mother;

c)

What are your airway management options?

You look at the arms for veins but are unable to see anything that could be used for IV access. You also notice a rash, small red spots that do not blanch when pressed on.

d)

What type of rash are you likely seeing?

e)

Based on the information provided thus far what is your working assessment (worst case)?

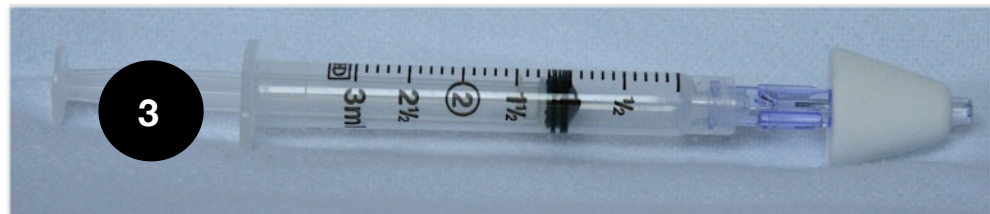
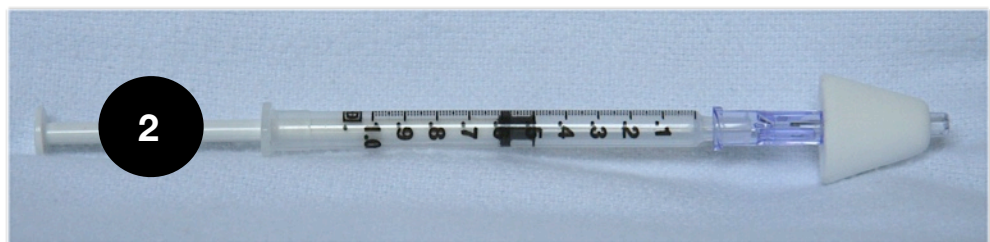
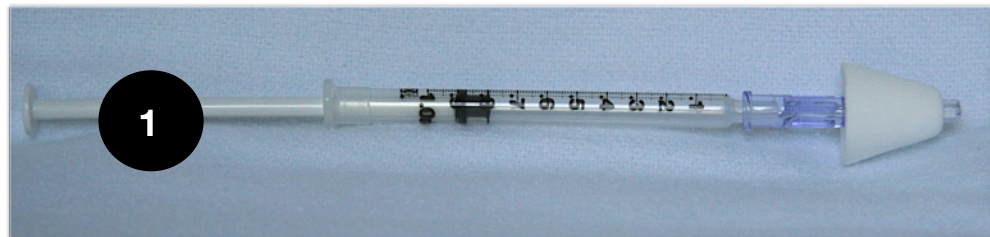
f)

What assessments and history findings have lead you to the above working assessment?

g)

(ACP Question, optional for PCP)

You decide to administer Midazolam IN The mother says the patient was just at a medical check-up and weighs 16 kg. Which of the following is the correct picture of what you should be giving?



Question 2

You are called to a local park for a male in his thirties having a seizure. When you arrive you are directed to an unkempt man who appears as if he lives on the street. The pungent smell is overwhelming but you are relieved to see that the patient is not seizing any more. From what the bystanders are able to relate (through alcohol impaired, slurred speech) the man might have had a seizure. You notice urinary incontinence but no oral trauma.



The patient seems a bit confused and as you assist him to the stretcher a bottle of Listerine falls out of his pocket, there is only about 1/4 of the fluid left in the 500 ml bottle. The patient admits to having drank most of it today. Before departing you obtain a set of vital signs and a blood sugar, all of which falls within normal parameters. The patient says he feels unwell but is very vague about his symptoms.

Shortly after starting the 15 minute trip to the hospital the patient lets out a cry and his body becomes rigid.

a)

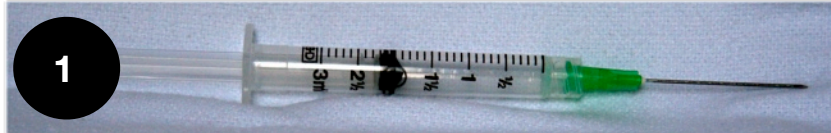
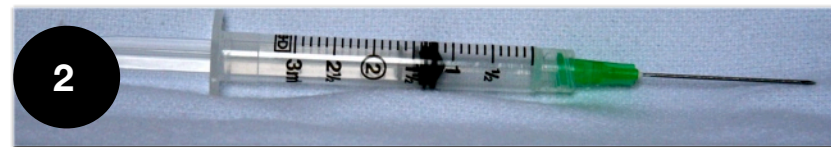
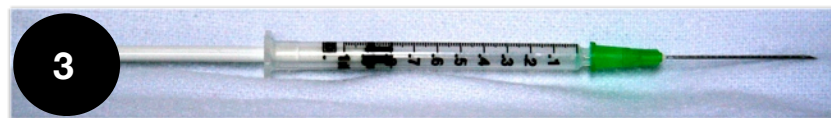
What phase of the seizure is the patient in?

b)

After about 30 seconds he begins a series of violent muscle contractions and relaxations, he remains apneic during this phase. You notice some blood coming out of his mouth. Describe your interventions in order of priority:

c) (ACP Question, optional for PCP)

After what seems to be approximately 5 minutes of violent contractions and relaxations the spasms seem to be getting less forceful and the patient takes a few, deep, sterdorous breaths which send blood and saliva spraying from the patient's mouth and nose. Because the patient is still seizing you have been unable to establish an IV. You decide to administer midazolam via the IM route. Which picture reflects what you administer?

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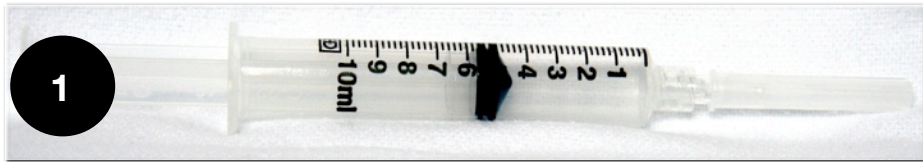
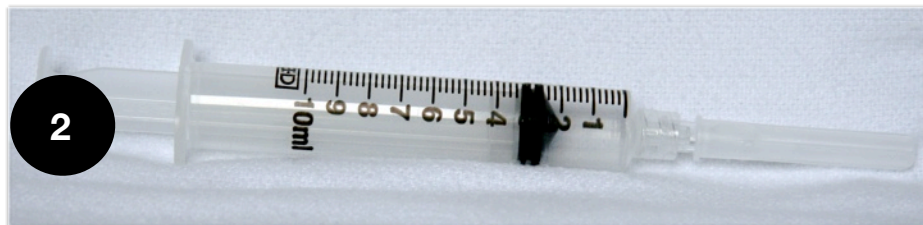
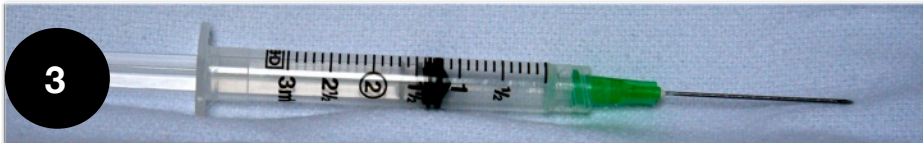
d)

Due to the ongoing seizure the patient's mouth is clenched shut. The breathing appears inadequate. What are your options in managing this patient's airway and breathing?

e)

(ACP Question, optional for PCP)

Five minutes transpire, during which time you have been able to access an IV. The patient is still seizing, you decide to administer a second dose of Midazolam using the IV route this time. Which picture reflects what you will administer?

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What special precautions should be taken when administering Midazolam via the IV route?

Question 3

You are called priority four to a highschool for a 17 year old female in seiure. When you arrive you directed to a classroom that has been emptied of students with the exception of one female that is laying on the floor with a damp cloth on her forehead. She looks pale and diaphoretic.

The teacher tells you that she was just about to hand out the mid-term examination when she noticed the patients eyes 'flutter' and her arms beginning to shake. She, with the help of a couple of other students, immedeately assissted the patient onto the floor where she started shaking more violently.

When asked, the teacher tells you the eyes were closed and the patient was thrashing so violently that she rolled over onto her stomach at one point. The seizure lasted for approximately 5 minutes and stopped suddenly.

The patient is slow to answer questions, but tells you she doesn't remember anything about what happened. She says she has had similar episodes in the past and her doctor has told her she has seizures. She has not been prescribed any medications.



a)
What type of seizure is most likely based on the incident history?

b)
What physical assessments or other questions can help you solidify your initial impression?

c)
What treatment can you provide to the patient?

Question 4

a)

Differentiate between a simple febrile seizure and a complex febrile seizure;

Simple	Complex

b)

List two factors that make a complex febrile seizure more worrisome;

Question 5

Describe the features of a typical alcohol withdrawal seizure;

Question 6

List two definitions of status epilepticus;

Question 7

What is the **second** most common cause of status epilepticus?

Question 8

You are administering oxygen to a patient via a nasal canula at 5 lpm. The patient suddenly starts seizing and becomes apneic. Using the calculations on page 12 of the reading material, how long will the patient's oxygen supply last?

Question 9

Febrile seizures tend to run in families.

True False

Question 10

PNES is the same as a 'fake' seizure.

True False

Question 11

PNES does not require any treatment.

True False

Question 12

A person can suffer fractures during a seizure even if they don't fall or strike anything.

True False

Question 13

Anti-epileptic medications can cause low bone density.

True False

Question 14

The best chance of stopping a seizure is within ____ to ____ minutes of the start.

Question 15

What oxygen delivery device and liter flow is the best option for a post-ictal patient who's breathing is adequate and oxygen saturation is 98% on room air.
