

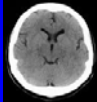
Seizure Clinical Policies:

How can we use them to improve ED seizure patient care?


Andrew Zinkel, MD

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**FERNE/EMRA
Session**

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Seizure Case Presentation

- A 32 year old patient has a brief new onset generalized seizure and is alert with a normal neurological exam in the ED. He has no medical history or co-morbidities.
- What work-up is indicated in the ED?
- What neuroimaging? When?
- What overall evaluation is necessary?
- Is admission indicated? AED initiation?


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Seizure Case Presentation

- A 45 year old patient has a generalized seizure and is medically stable to be discharged. He has been noncompliant with his oral Dilantin, and need to be loaded with this anti-epileptic drug
- What is the best way to deliver a phenytoin load in the ED?
- Oral or IV phenytoin?
- IV or IM fosphenytoin?
- Why?


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Seizure Case Presentation

- A 65 year old patient has a generalized seizure that does not stop despite diazepam administration by the CFD and adequate ED doses of lorazepam and fosphenytoin.
- What bolus injection or continuous infusion AEDs must be administered in what order? Why?
- When is EEG monitoring indicated?

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Seizure Case Presentation

- A 10 year old patient has a generalized seizure while at school. She presents to the ED with mild confusion, but an otherwise normal exam.
- What seizure clinical polices apply to the management of pediatric seizure patients?
- Can those developed for adults be utilized when treating pediatric patients?

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Seizure Case Presentation

- A recently graduated Emergency medicine resident starts his first job in a new Emergency Department. He wonders to himself...
- Does my hospital have a protocol for the management of seizure and SE patients?
- Are there guidelines that govern the ED management of these patients?
- Do guidelines help or hurt me?

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Questions?

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