

Recommendations for treatment of Tonic- Clonic seizure and Status Epilepticus at Kings Lodge, FNCH – Full Clinical Guideline

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1. Introduction

Kings Lodge is a Neuro-rehabilitation inpatient unit at Florence Nightingale Community Hospital. It does not have on call onsite acute medical cover. Hence if a patient develops a seizure, the guideline helps nursing staff for immediate management of the seizure. Also, being a community site, it does not have access to acute services and unable to give IV drugs on a routine basis. This updated guideline is largely in keeping with seizure guidelines on the acute site and has been developed taking above limitations in to consideration. This is an update from previous Kings Lodge seizure guideline in 2016

2. Aim and Purpose

Help for the management of seizures at Kings Lodge, Neuro-rehabilitation unit at FNCH

3. Definitions, Keywords

Tonic –clonic Seizure, status epilepticus, Rectal diazepam, Buccal midozalam

4. Main body of Guidelines –

* If the patient has complex partial status epilepticus or repeated partial seizures with normal consciousness and complete recovery between seizures please seek senior medical advice before treatment. Check some blood investigations. An initial dose of benzodiazepine will often be first line of treatment, but progress to an anti-convulsant is likely to be required.

- Remember: Airway-Breathing-Circulation
- Use 100% oxygen via non rebreathe mask & note start time of seizure
- Ensure immediate patient safety & handling, including airway management
- Consider a) is it an epileptic seizure? b) is there a new neurological cause, e.g. cerebral haemorrhage/infarct (e.g. check pupil size, symptoms prior to seizure), c) previous seizure history
- Do BM, if < 4 mmol/l give glucagon 1mg IM (core adult PGD available for glucagon in absence of a prescriber)
- Do baseline observations and neuro-obs
- Consider medical support

If seizures have not terminated after 5 minutes

- Administer rectal diazepam, 10mg or buccal midazolam 10mg (In cases where a prescription cannot be obtained immediately, refer to nursing staff member who is authorised to administer these drugs via Patient Group Direction)
- *Alternatively when ward medical staffing is present Lorazepam 4mg IV (Frail /elderly 2mg) or if IV access is not available Lorazepam 2-4mg IM or IM Midazolam 10mg could be considered.*
- If possible, take blood for FBC, U+E, LFT, Ca²⁺, Mg²⁺, Glucose, clotting, anticonvulsant levels (if routinely taking them)
- If glucagon has had to be given and still fitting, cannulate in large vein if possible, in order to give 125ml IV glucose 20%

Wait 10 minutes from time of administration to see if seizure terminates

Continue monitoring cardiorespiratory function

Seizure continues

- Ring 999
- Give second dose of rectal Diazepam or buccal Midazolam .
If medical staffing is present IM Midazolam or IV/IM Lorazepam as above
- Reassess cause
- Repeat BM, obs & neuro-obs
- Inform A&E of transfer
- Ensure patient's weight and age is in transfer letter

Seizure terminates

- Continue with obs and neuro-obs every 15 minutes for first hour
- These observations should continue for ≥ 24 hours, every:
 - 30mins in hour 2
 - Hourly in hours 3-4
 - Then review obs frequency by nurse in charge or doctor
- Medical staff to consider seizure history and need for increase in dose of anticonvulsant medication
- Protect airway and put into recovery position
- Re-assess with regard to cause of seizure

Transfer to A&E if:

- Signs of cardiorespiratory depression
- Any other concern regarding stability, e.g. changes in observations
 - First seizure with no underlying cause other than brain injury (CT brain indicated)

5. References (including any links to NICE Guidance etc.)

UHDB Clinical Guideline-Status Epilepticus-accessed via <https://derby.koha-ptfs.co.uk/cgi-bin/koha/opac-detail.pl?biblionumber=1783>

UHDB Clinical Guideline-Hypoglycemia-accessed via

<https://derby.koha-ptfs.co.uk/cgi-bin/koha/opac-detail.pl?biblionumber=837>

Epilepsy Action UK. <https://www.epilepsy.org.uk>

NICE Pathways 2020. Treating prolonged or repeated seizures and status epilepticus.

NICE Clinical Guidelines [CG137] Epilepsies: diagnosis and management (updated February 2020)

6. Documentation Controls

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