

Patients with Seizures - How to Diagnose and Treat



When ICU patients experience prolonged seizures, immediate action is required to prevent long-term neurological damage. An article in the April issue of <u>Critical Care Nurse</u> provides diagnosis and treatment guidance for nurses and other clinicians whose patients experience continuous or recurrent seizures, convulsive or non-convulsive.

The article provides specific nursing considerations related to caring for patients during seizures, using guidelines for the evaluation and management of status epilepticus from the Neurocritical Care Society. The article also outlines priorities for nursing care, from the initial five minutes, through the first 15-minute and 60-minute windows, to the following 12 to 24 hours. Treatment begins with management of the airway, breathing and circulation, followed by medication interventions and rapid escalation of therapy to stop the seizures and prevent complications. The article also reviews 13 common anti-epileptic medications, plus dosing, adverse effects and other considerations.

See Also: Electroencephalography (EEG) Underused Investigative Tool in Hospitals

"With their role at the patient's bedside, nurses are uniquely positioned to assist with the identification and management of status epilepticus to minimise long-term complications," said co-author Thomas Lawson, RN, MS, ACNP-BC, an acute care nurse practitioner in the neuroscience critical care unit at The Ohio State University Wexner Medical Center, Columbus. "A seizure can quickly change from a stressful situation to a life-threatening emergency. Without rapid assessment and treatment, seizures that progress to status epilepticus can cause permanent damage," he added.

The article includes examples of typical electroencephalographic (EEG) patterns, so that a staff nurse can quickly identify abnormal EEG findings and call the neurologist for an official reading.

Source and image credit: <u>American Association of Critical-Care Nurses</u>

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