



## Objectives: Seizures

1. In a patient having a seizure:
  - a. Ensure proper airway control (e.g. oropharyngeal airway or nasal trumpet, lateral decubitus to prevent aspiration).
  - b. Use drugs (e.g. benzodiazepines, phenytoin) promptly to stop the seizure, even before the etiology is confirmed.
  - c. Rule out reversible metabolic causes in a timely fashion (e.g. hypoglycemia, hypoxia, heat stroke, electrolyte abnormalities).
2. In a patient presenting with an ill-defined episode (e.g. fits, spells, turns), take a history to distinguish a seizure from other events.
3. In a patient presenting with a seizure, take an appropriate history to direct investigations (e.g. do not over-investigate; a stable known disorder may require only a drug-level measurement, while a new or changing seizure may require an extensive workup).
4. In all patients presenting with a seizure, examine carefully for focal neurologic findings.
5. In a patient presenting with a previously known seizure disorder, who presents with a seizure or change in the pattern of seizures:
  - a. Assess by history the factors that may affect the primary seizure disorder (e.g. medication compliance, alcohol, lifestyle changes, recent changes in medications).
  - b. Include other causes of seizure in the differential diagnosis (not all seizures are caused by epilepsy).
6. In the ongoing care of a patient with a stable seizure disorder:
  - a. Regularly inquire about compliance (with medication and lifestyle measures), side effects of anticonvulsant medications, and the impact of the disorder and its treatment on the patient's life (e.g. on driving, when seizures occur at work or with friends).
  - b. Monitor for complications of the anticonvulsant medication (e.g. hematologic complications, osteoporosis).
  - c. Modify management of other health issues taking into account the anticonvulsant medication (e.g. prescribing antibiotics, pregnancy).

\*Adopted from CFPC's Priority Topic Objectives.