



Title Seizures and CPR	Date 04/01/2021
CDE Number M-21040004	CDE Credit Hours 1 HR

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What causes a seizure? What are the different types? How can we as EMDs help a patient during a seizure? When do we start CPR?

We ask these questions often and just when we think we know what to do, we get a crazy seizure call that makes us question our knowledge.

Seizures are caused by an abnormal firing of brain cells which usually results in jerking movements and then unconsciousness or semi-consciousness. The worst reason for a seizure is cardiac arrest when the patient's blood pressure drops suddenly to zero and the brain is reacting to the lack of oxygen. In this case, CPR may be necessary!

Axioms

1. Seizure-like activity can be an **initial symptom of cardiac arrest**. Therefore, **careful breathing evaluation and monitoring is critical** after a seizure has stopped.

Types of Seizures

- Generalized – Commonly called a "Grand-mal" seizure, the patient becomes stiff or suddenly tense and begins jerking their arms and legs. The patient ALWAYS loses consciousness with this type of seizure and may not appear to be breathing.
- Absence – A brief "staring spell" in a conscious patient. Usually lasts less than 10 seconds, but some last slightly longer and may include abnormal muscle activity, including fluttering eyelids, smacking lips, chewing motions, and/or hand gestures.



- Febrile – Affects 3-5 percent of all children by the age of 5. It is believed to be caused not by a high fever, but due to how quickly it rises. These seizures are not life-threatening.
- Focal – Localized twitching of a part of the body, such as the hand, arm, leg, or face in a conscious patient.
- Atypical – A seizure that is mentioned as different from the patient’s previous seizures. These reports come from a relative, friend, or other individual who is familiar with the patient’s seizures.

When do we start CPR?

When a seizure has stopped, the EMD should verify if the patient is breathing effectively by using the Breathing Diagnostic Tool. If the patient is not breathing or not breathing effectively, continue to the proper DLS Link for assessing the airway (N-1, A-1, B-1, or C-1).

If the patient is still seizing or starts to seize again, stay on the line until the seizure has stopped and then verify breathing (again).

If the patient is breathing effectively or if the patient wakes up, continue to supportive care by giving the instructions on X-1 and X-2 (Routine Disconnect).

We confuse ourselves when we give the PDI of “Don’t do CPR.” This is only during the seizure. Initiating the Pre-Arrival Instructions sequence is vital when the patient is clearly not breathing normally and unconscious after the seizure is complete.

Please complete the quiz on the following page.



Clawson, Dernocoeur, Murray (2015) *Principles of Emergency Medical Dispatch Sixth Edition*. Priority Press.

Match the following scenarios to the appropriate DLS Link

1. At the end of Key Questions, the patient is not awake, no longer breathing. ____
 - a. Continue to X-1 and advise the caller to let him/her rest in the most comfortable position, etc.
2. At the end of Key Questions, the patient is still seizing. ____
 - b. Give PDIs a., c., e., f., g., and continue to X-Card and then Routine Disconnect.
3. At the end of Key Questions, the patient is "Sleeping" and verified breathing effectively. ____
 - c. Give PDIs a. and c. and continue to X-Card and then Unstable or Stable but Stay on Line.
4. Patient is no longer seizing, awake and heard talking, now gasping for air. ____
 - d. Give PDIs a., c., d., continue to X-Card while checking if the patient has stopped seizing so the Breathing Diagnostic Tool can be used.
5. Patient feels a seizure coming on. Has not yet seized today. ____
 - e. Give the PDIs a., b., c., and continue to "Not Breathing (after Key Qs)."