

### Scenario 3: Status Epilepticus

#### Facilitator will READ OUT LOUD to Paramedic

#### CASE #3 INFORMATION

You are a paramedic responding to the following dispatch call:

“Priority One. 101 West Street, 6-month old male with possible seizure.”

The setting is a house in a rural area. Transport time to the hospital is 30 minutes.

The patient is a 6-month old male infant whose aunt called 911. The infant’s mother is visiting relatives out of town. The aunt reports that the infant has been “fussy” and feeding poorly for 2 days. The infant has been sleeping for the past 8 hours. When his aunt attempted to waken him from this unusually long “nap”, he was difficult to arouse, then had 10-15 minutes of “twitching”. You may ask the aunt for additional information.

#### ACTOR’S SCRIPT

##### Case #3: Status epilepticus

##### Role-playing the patient’s aunt

The aunt called 911. The infant’s mother is visiting relatives out of town. The aunt reports that the infant has been “fussy” and feeding poorly for 2 days. The infant has been sleeping for the past 8 hours. When his aunt attempted to waken him from this unusually long “nap,” he was difficult to arouse. He had a 10-15 minute episode of twitching, which seem to have stopped. The family then called 911. Time from call to paramedic arrival is 10 minutes.

When the paramedic recognizes the seizure, only then should the aunt become anxious and suspicious. With any attempt at an explanation, the family should be reassured and calm down. The aunt will not impede the paramedic’s efforts even if reassurance is not given. Do not pressure the paramedic for reassurance.

##### Historical questions

The paramedic is required to ask only a few of the following questions. However, answer any questions that are asked. Do not volunteer any information. Answers to all non-scripted questions are negative.

*Q. How old is your nephew?*

6 months old

*Q. How long was he “twitching”?*

About 10-15 minutes.

*Q. Does he appear to you to be "twitching" now?*  
Yes, but it was a stronger, jerky movement earlier.

*Q. How long has the infant been sick?*  
He's been fussy and not eating right for two days, and sleeping too much today.

*Q. How much has he eaten?*  
He has only taken about 4 ounces of formula in the past 24 hours. He has not had anything else to eat or drink.

*Q. When did he last have a wet diaper?*  
His last wet diaper was 10 hours ago.

*Q. Do you think that there has been anything else wrong with him recently?*  
Not that I know of.

*Q. Does the child have any past medical problems?*  
None.

*Q. Does the child take any medications, or have you given any medications recently?*  
None.

*Q. Any prior hospitalizations?*  
No.

*Q. How much does the child weigh?*  
I think that he weighs about 14-15 lbs, but I'm not sure. (This weight is correct)

*Q. When was he last weighed?*  
I don't know.

*Q. Did anyone hurt the child?*  
No one. (The aunt plausibly denies any abuse.)

*Response to diagnosis of seizure:*  
He's having a seizure? Does this mean he has brain damage? Is he dying?  
Did all this stuff you did to him give him a seizure?"

**Case #3: 6 mo male infant with status epilepticus, hypoglycemia**

Learners' action(s)	Time (minutes)	Patient's response(s)
<p><b>PHASE 1 - STATUS EPILEPTICUS</b></p> <p>Initial Assessment of airway, breathing, circulation</p> <p>Recognize seizure activity</p> <p>Additional history questions</p>	<p>0-1 min</p>	<ul style="list-style-type: none"> <li>• <b><u>Vital signs</u></b> <ul style="list-style-type: none"> <li>• Rhythm: Sinus tachycardia</li> <li>• HR: 180</li> <li>• BP: 90/60</li> <li>• SpO<sub>2</sub>: 90% on RA (if pulse ox placed)</li> <li>• RR: 30</li> <li>• Temp: 37°C</li> <li>• Cap refill: 4 sec</li> </ul> </li> <li>• <b><u>Manikin Settings</u></b> <ul style="list-style-type: none"> <li>• Heart, Lungs: normal, 100%</li> <li>• Resistance: 50%</li> <li>• Torso: Fast (SEIZURE)</li> </ul> </li> </ul> <p>FACILITATOR provides information about physical exam when requested.  <i>(cap refill delayed; skin mottled; skin turgor doughy; eyes deviated left)</i></p> <p>If asked, aunt (FACILITATOR) estimates weight is "14 or 15 lbs."</p>
<p>Support airway, supplemental oxygen</p> <p>Place on monitor</p> <p>IV/IO access</p>	<p>1-3 min</p>	<p>After Oxygen</p> <p>NOTE therapy on manikin log</p> <p><b><u>Vital signs</u></b></p> <ul style="list-style-type: none"> <li>• SpO<sub>2</sub>:90 → 100% over 20 sec (on oxygen)</li> <li>• DO NOT STOP SEIZURE</li> </ul> <p>FACILITATOR provides cues:    If IV line is attempted, it is unsuccessful. If an IO line is attempted, there is immediate blood return and normal flow.</p>

Learners' action(s)	Time (minutes)	Patient's response(s)
Weight-based dosing of benzodiazepine provided (IN/IM/IV/IO)	3-5 min	Record time when <u>benzodiazepine</u> is given: ___:___  DO NOT record rectal delivery—it will be ineffective because of erratic absorption.  <ul style="list-style-type: none"> <li>• <b>At t = 4 min, Vital signs</b> <ul style="list-style-type: none"> <li>• Rhythm: Sinus tachycardia</li> <li>• <b>HR: 200 over 1 min</b></li> <li>• <b>BP: 60/40 over 1 min</b></li> </ul> </li> </ul>
Obtain additional history and examination	5 min	
Recognize and treat hypoglycemia  Medical Control for 2 <sup>nd</sup> dose of benzodiazepine	5-10 min	<b>FACILITATOR cue (if measured by paramedics) :</b> <i>"The glucose is 30 mg/dL"</i>
Recognize and manage respiratory depression	10-15 min	<b>(Hypoventilation automatically begins 3 minutes after 1<sup>st</sup> benzodiazepine)</b> <b>RR = 30 → 6 over 20 sec</b> <b>SpO2 = 85% over 1 min (if no BVM within 1 minute of hypoventilation)</b>  <b>30 seconds after BVM ventilation is started and performed correctly:</b> <b>SpO2 = 100% over 1 min</b>
___ min ___ sec Total scenario time	<b>TIME LIMIT 15 minutes</b>	Terminate scenario after 15 minutes OR after last phase completed (whichever comes first).
		<b>END SIMULATION</b>