

32 – SEIZURE, BACKPACKING

SOUTH CAROLINA



THE STORY:

An eight person group on a multi-day backpacking trip in the mountains were searching for a suitable campsite just before dark when at approx. 2000 hrs., a 13 y/o male member of the party who was resting against a tree, tipped over, and began what appeared to be a full body seizure. His clonic convulsions lasted approx. one minute before

terminating spontaneously followed by a flaccid unresponsive period. On exam: Pt was pale and cool. Pupils were equal and reactive to light but not tracking. The rest of the physical exam was unremarkable and the patient appeared atraumatic. Pulse: 108 and regular, Resp.: 40 and shallow initially. Pt remained unresponsive.

Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 2000 hrs. with Anticipated Problems and an appropriate Treatment Plan.

After an initial period of unresponsiveness lasting approx. 5 min. after the seizure, the patient gradually began some spontaneous movement of the face and extremities accompanied by moaning and response to painful stimuli. After a few more minutes the patient responded to verbal stimuli with more coordinated spontaneous movement, eye opening, and unintelligible speech. By 2030 hrs., the patient appeared exhausted but awake to respond

to simple questions in a sleepy but intelligible pattern of response denying any focal discomfort aside from being tired. The patient denied any history of previous seizure and responded in the negative when asked if he had previous medical history of any kind. The patient's pre-trip medical screening form showed no previous medical history, allergies, or regular medications.

Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 2030 hrs. with Anticipated Problems and an appropriate Treatment Plan.

QUESTIONS

1. In the absence of a suggestive medical history, what factors could have caused this patient to suffer a seizure?
2. What sorts of evacuation options would you consider with a patient such as this and what measures would you take to prevent recurrence of another seizure en route?

