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| Name of Policy: <u>Management of Patients Who Have Developed Convulsions</u> Policy Number: 3364-135-011 Department: Radiology Approving Officer: Chief Operating Officer - UTMC Responsible Agent: Chairman & Professor, Radiology Scope: Radiology |  |
| | Effective Date: 10/01/2021 Initial Effective Date: 7/8/1977 |
| <input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy | |
| <input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy | |

(A) Policy Statement

It is recommended that the use of mouth gags (sometimes constructed of tongue blades with adhesive tape wrapped around them) be discontinued.

(B) Purpose of Policy

1. It is generally impossible to get the mouth gag in without major struggle. This struggle is time-consuming and results in possible damage to teeth, which may be dislodged into the airway. During the struggle, the patient is pinned on his back, which permits secretions to pool and further compromises his airway.
2. More important, perhaps, is that which is not done during concentration on insertion of the mouth gag: optimal positioning for maintenance of an unobstructed airway is not attended to; suctioning of the airway cannot be carried out; and other needs of the patient are not met.
3. Proper cerebral oxygenation is more important than the protection of the tongue. The management of patients in generalized convulsions should therefore be directed to the airway.

(C) Procedure

1. If at all possible, turn the patient on his side or in the prone position. Make sure that the face is not pressed into the pillow. Call others to help and immediately obtain additional medical help by calling Rapid Response Team, Anesthesiology, or Code Blue.
2. Obtain and bring to the site of the patient, department emergency equipment. This equipment includes:
 - a) oxygen cylinder, rebreathing bag and facemask;
 - b) suction device;
 - c) sphygmomanometer and stethoscope;
 - d) needles (I.V., intracardiac and #15 for tracheostomies);
 - e) assorted syringes;
 - f) laryngoscope and endotracheal tubes (sized 12-38 Fr.). Appropriate drugs for treatment by cardiopulmonary resuscitation and treatment of allergic reactions.
3. Suction of the upper airway should be attempted throughout the convulsion and may be performed either through the oral pharyngeal airway or through the nose.

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| Approved by: | Review/Revision Date: |
| <u>/s/</u> <hr/> Haitham Elsamaloty, MD Chairman & Professor, Radiology | 9/13/84 7/1/93 8/13/99 9/12/2005 5/22/2008 5/1/2011 7/11/2012 10/01/2015 10/1/2018 10/1/2021 |
| <u>/s/</u> <hr/> Christine Stesney-Ridenour, FACHE Chief Operating Officer - UTMC | 10/25/2021 <hr/> Date |
| Next Review Date: 10/01/2024 | |
| Policies Superseded by This Policy: C-003 | |