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Hot Tip
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Northern Health Palliative Care Seizures at the End of Life

What can cause seizures at the end-of-life :

It is important to identify the underlying etiology of the seizure in order to provide the appropriate treatment.

Seizures in a palliative care setting have a varied etiology, some causes may include:

- Primary or Metastatic brain tumours
- Metabolic or electrolyte imbalance e.g. hypoglycemia, hypercalcemia, hyponatremia
- Known epilepsy
- Intracerebral hemorrhage

* Please Note: Opioid Induced Neurotoxicity may cause myoclonus and be misinterpreted as seizure activity

[Click Here to Read about the Types of Seizures.](#)

[What is Status Epilepticus.](#)

Principles of Seizure Management:

When considering a management approach, always balance burden of a possible intervention against the likely benefit. Also, consider if the intervention is in line with the patient's goals of care.

- Lorazepam is the first-line pharmacological treatment for seizures.
- Ensure patient safety and comfort during and following a seizure.
- Educate patient and family about seizures.
- Request a Consultation with the Palliative Care Team, if needed

[Click Here to Learn More About Seizure Fist Aid.](#)

Pharmacological Intervention:

Initial Management with Lorazepam:

Myoclonus/ Twitching	Partial Seizure	Tonic-Clonic Seizure	Status Epilepticus
0.5 to 2 mg SL or SC Q4H PRN	1 to 2 mg SL or SC stat then 1 to 2 mg Q4H to Q6H	4 to 8 mg IV or SC stat, then 2 to 4 mg Q4H to Q6H	2 to 8 mg IV, SC or SL stat, then q10min to q20min until controlled

Status Epilepticus Management:

Status epilepticus should be controlled even if the unconscious patient is near death because of the distress that continuous seizures may cause to the patient and family.

Reference:
[B.C. Inter-professional Palliative Symptom Management Guidelines](#), December 2017