

CARE OF THE PATIENT WITH HIGH POTENTIAL FOR SEIZURES

OBJECTIVES:

1. To protect from injury.
2. To educate patient/significant other regarding necessary lifestyle alterations.

PROCESS STANDARDS:

1. Emergency equipment, medications and supplies to initiate IV access will remain at the bedside, and/or be readily available.
2. Side rails will remain in upright position for patient safety and will be padded, if necessary. Bed will remain in low position.
3. The call light will be within reach at all times.
4. Observation and documentation will include changes in behavior prior to seizure, length and description of seizure, incontinence, and changes in consciousness after seizure.
5. A quiet environment will be provided.
6. If seizure occurs, prevent occlusion using the head-tilt/chin maneuver and the patient positioned on his side, or head turned to the side, if possible; and suctioning provided as needed. **(Do not attempt to force hard objects between already clenched teeth.)** Have suction and O₂ available.
7. Remain with the patient and do not restrain during seizure activity. Remove sharp objects from the individual and the immediate vicinity. Loosen tight clothing, i.e. collars, belts.
8. Anticonvulsant medications will be administered as ordered.
9. An IV access will be maintained as ordered.
10. The patient/significant others will be assisted in identifying needed changes in ADLs, when to seek medical attention.

OUTCOME STANDARDS:

At the time of discharge:

1. The patient will have suffered no injury during a seizure.
2. Discharge teaching will include and the patient/significant others will communicate understanding of Home and Follow up Care:
 - a. need for taking anticonvulsant meds;
 - b. seeking medical attention for illnesses;
 - c. keeping appointments for serum levels and medical follow up;
 - d. what to do before, during and after a seizure and
 - e. lifestyle alterations.

CARE OF THE PATIENT WITH HIGH POTENTIAL FOR SEIZURES

HAVE I DOCUMENTED:

- * Seizures – type, duration, and characteristics
 - Before – aura or precipitating event, including LOC
 - During
 - After – vital signs, pupil check, incontinence, head or tongue deviation, teeth clenching
 - Body parts involved
 - Loss of consciousness or alteration in consciousness
 - Progression of the seizure and any automatisms
 - Assess mouth and oral cavity for injury; document any type of injury that occurs.
 - Motor activity
 - Tonic, clonic
 - Jerking, patting, rubbing movements
 - Fluttering of eyelids
 - Facial jerking
 - Lip smacking
- * Safety factors
 - Side rails
 - Call light
 - Bed in low position
- * Patient Education
 - Medication
 - Compliance with Medical Management
 - Seizure Management
 - Safety factors
 - Lifestyle changes
 - Disease process

At The Time of Discharge:

- * Patient/family has understanding of:
 - Home and follow-up care
 - Medications and monitoring serum levels
 - Safety factors
 - When to seek medical attention.

Reference:

1. Potts, N. and Mandleco, B. Chapter 32: Neurological Alterations. *Seizures*. Accessed 12/8/2009: [AR, LA, OK Libraries - LSU - Shreveport -- Pediatric Nursing: Caring for Children and Their Families - 2nd Ed. \(2007\)](#)
2. Taylor, C. and Ralph, S. *Trauma, Risk for-related to internal factors*. Accessed 12/8/2009: [AR, LA, OK Libraries - LSU - Shreveport -- Nursing Diagnosis Reference Manual, Sparks and Taylor's - 7th Ed. \(2008\)](#)
3. Tocco, Susan. *Epilepsy. Evidenced Based Nursing Monographs*. Mosby's Nursing Consult Web site. <http://www.nursingconsult.com/das/stat/view/175675654-2/ebnm?fromglu=true&nid=190851> Published 12/26/2007. Retrieved 4/22/2009.