

Seizure Protocol

Before a seizure occurs:

1. Safety measures should be taken if there is an indication that the person is experiencing an aura before the onset of a seizure, (*e.g., have the client lie down*).
2. Determine if changes can be made in activities or situations that may trigger seizure.
3. Keep the bed in a low position with siderails up, and use padded siderails as needed. (*These precautions help prevent injury from falls or trauma*)
4. Individuals with mental retardation or other developmental disabilities may have altered bowel habits, slowed activity, and/or decreased motor skills before a seizure.

During a seizure:

1. When a seizure occurs, observe and document the following:
 - a. Date, time of onset, duration
 - b. Activity at time of onset
 - c. Level of consciousness (confused, dazed, excited, unconscious)
 - d. Presence of aura (if known)
 - e. Movements
 - 1) Body part involved
 - Progression and sequencing of activity -- **site of onset of first movement is very important as well as pattern, order of progression, or spreading involvement**
 - Symmetry of activity
 - Unilateral or bilateral involvement
 - 2) Type of motor activity
 - Clonic-jerking
 - Myoclonic- single jerk of a muscle or limb
 - Tonic- stiffening (can be whole body or just a part)
 - Abnormal posturing movements
 - Dystonia- twisting jerking limb motions
 - Eyes: eye deviation, open, rolling or closed, eyelids flickering
 - Head turning
 - Twitching

Seizure Protocol

- f. Respirations- impaired/absent; rhythm and rate
 - g. Heart- rate and rhythm
 - h. Skin changes
 - Color, temperature
 - Pale, cyanotic- check lips, earlobes nailbeds
 - Cool, warm
 - Perspiring, clammy
 - i. Gastrointestinal- (***vent GTT tube to avoid Aspiration***)
 - Belching
 - Flatulence
 - Vomiting
 - j. Pupil size, symmetry, and reaction to light
 - k. Changes in Sensory awareness- auditory, taste, olfactory, dizziness, vision
 - l. Presence of other unusual and / or inappropriate behaviors
2. Ensure adequate ventilation.
 - a. Loosen clothing, postural support devices and / or restraints.
 - b. **DO NOT** try to force an airway or tongue blade through clenched teeth – ***forced airway insertion can cause injury***
 - c. Turn the client onto a side-lying position as soon as convulsing has stopped- ***this will help the tongue return to its normal front-forward position and will allow accumulated saliva to drain from the mouth and airway***
 3. Protect the client from injury-e.g., help break a fall, clear the area of furniture
 4. **DO NOT** restrain movement- trying to hold down the client's arms or legs will not stop the seizure. ***Restraining movement may result in musculoskeletal injury***
 5. Remain with the client and give verbal reassurance- ***the client may not be able to hear you during unconsciousness but verbal assurances help as the client regains consciousness***
 6. Provide as much privacy as possible for the client during and after seizure activity.
 7. Provide other supportive therapy as ordered by the physician or according to the ER Protocol.

Seizure Protocol

After the Seizure:

1. After the seizure activity has ceased, record the presence of the following conditions and their duration on a seizure flow sheet and in your nurse's notes. Continue to assess until the client returns to their normal baseline.
 - a. Gag reflex- decreased
 - b. Headache- character, location, duration and severity
 - c. Incontinence – bowel and / or bladder
 - d. Injuries- bruises, burns, fractures, lacerations, face/mouth trauma
 - e. Residual deficits
 - Behavior changes
 - Confusion
 - Language disturbances
 - Poor coordination
 - Weakness / paralysis of any body parts
 - Sleep pattern disturbance

2. Allow the client to sleep; reorient upon waking- ***the client may experience amnesia; reorienting can help regain a sense of control and help reduce anxiety***

3. Conduct a post-seizure evaluation:
 - a. What was the client doing prior to the seizure?
 - b. Was this the first seizure or was it worse / different from previous seizures?
 - c. Review current medications including any recent changes in medications and/ or dose.
 - d. Are there any other illnesses – a cold, allergies, fever?
 - e. Possible precipitating factors- stress, change in routine / sleep schedule?