

## 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?