

SEIZURE ACTIVITY

Level II
(No Level I)

Skill Level: RN

Definition: Paroxysmal episodes in which there are sudden involuntary contractions of a group of skeletal muscles and disturbances in consciousness, behavior, sensation, and autonomic functioning.

<p>Subjective:</p> <ul style="list-style-type: none">• May describe a brief period of loss of consciousness with or without generalized motor activity.• Patient may describe an aura.• "I bit my tongue."• "I wet myself."• There may be information described by those witnessing the episode: duration, character, activity pre-episode, trauma sustained during episode, incontinent post-episode activity.	<p>Assessment:</p> <ul style="list-style-type: none">• Potential for ineffective airway clearance.• Potential for ineffective breathing pattern.• Sensory/perceptual alteration.• Potential for trauma related to seizure.
<p>Objective:</p> <ul style="list-style-type: none">• Patient has a history of a seizure disorder.• Not the first time patient has ever had an episode similar to this.• Episode may be witnessed or un-witnessed (document).• There may be injuries present (document).• Patient may have been incontinent of urine or stool.• No persistent focal neurological findings.• Patient may or may not be taking medication properly.• Patient may be drowsy and/or disoriented for hours after a seizure (postictal).• Sometimes odd behavior can occur before, during or after the episode.• Seizure may be partial (focal), non-convulsive, or generalized convulsive ("grand mal").	<p>Plan:</p> <p>Document information obtained by witnesses.</p> <ul style="list-style-type: none">• Maintain airway.• Administer O2 4-8 L/min prn by nasal prongs or simple mask during any seizure if possible.• If generalized seizure is sustained (more than 5 minutes) or additional seizures without recovery from previous seizure, make arrangements for immediate transport to emergency facility, and contact provider.• If new onset or change in type of seizure activity, consider transport to an emergency facility. If medical provider is readily available, discuss case first.• Supportive measures such as cushioning the head or moving items in the area to help protect from injury during episode.

Seizure Activity Level II

	<ul style="list-style-type: none">• Check MARs to establish consistency of medication adherence. If prescriptions are KOP, acquire the blister packs, comparing the "last filled" date on CIPS with the number of tablets remaining. Educate patient regarding medication adherence.• Obtain a CBG for known or suspected diabetics. Consider emergency protocol for Hypoglycemia if indicated.• After episode, reorient patient to environment to minimize sensory-perceptual alteration.• Evaluate patient medication adherence.• Consider CMP, CBC, prolactin level, and serum drug levels as soon as possible following the seizure (e. g. Dilantin, Tegretol, Depakote).• Always consider emergency protocol for poisoning/overdose.• If break through seizure in a patient with known epilepsy, practitioner chart review or appointment at next available time unless orders or individualized treatment plan calls for a different course of action.
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Nursing Education:

1. Patients who have no history of a seizure disorder and have a witnessed grand mal seizure require a more thorough physical and laboratory evaluation. Call the provider or arrange transport to an emergency facility. Possible causes of new onset seizure include an extensive list including:
 - Metabolic abnormality such as Diabetes or Thyroid Problems
 - Head trauma and stroke
 - Drug overdose or withdrawal (including prescription medications)
 - Brain tumor
2. Prolactin level, while a non-specific indicator, can sometimes help to distinguish epileptic seizures from non-epileptic movement episodes.
3. Usually, patients who have had a grand mal seizure will be disoriented and confused, and will have poor memory for the details of the event.

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APPROVED:

Medical Services Manager

Date

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Date

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Medical Director

Date

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