Name__________________

The following is intended as a guideline. This protocol does not supersede facility policy, nursing judgment or physician orders.

Call 911

- If the seizure lasts over __ minutes.
- If the person is not breathing or is having difficulty breathing after seizure.
- If the skin remains bluish-gray in color after seizure.
- If the person has not regained consciousness after seizure.
- If the person has 2 or more seizures without regaining consciousness.
- If the person sustained serious injury.
- If this is a first seizure
- If the person is pregnant.
- If the seizure happened in water.
  - Other (Specific to person): ___________________________  

***Start emergency procedures as trained. As soon as situation is safe – notify the nurse &/or supervisor, complete an incident report and document the event per facility policy***

Seizure First Aid

- Remain calm and speak reassuringly to the person. Do not shout.
- Protect the person from injury, guide to the floor if possible.
- Move furniture or obstacles out of the way.
- Cushion the person’s head.
- Do not put anything into the person’s mouth.
- Do not offer food or drink until the person is fully awake.
- Stay with the person until seizure has stopped and the person is fully awake.
- Turn to the side to prevent aspiration of saliva/emesis.
- Loosen tight clothing and remove eyeglasses.
- If in the water, keep head above the water.
- Do not restrain the person in any way.
- Allow rest as needed after the seizure.

Typical seizure activity for ____________

Describe what the person’s seizures usually look like, what type of movements, what happens before and after, how frequent, how intense.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**Safety Supports**

Describe what equipment/special instructions are necessary to prevent injury.

<table>
<thead>
<tr>
<th>Equipment/Special Instructions</th>
<th>Necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helmet</td>
<td></td>
</tr>
<tr>
<td>Knee/Elbow Pads</td>
<td></td>
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<tr>
<td>Padded Side Rails</td>
<td></td>
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<tr>
<td>Defined Perimeter Mattress</td>
<td></td>
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<tr>
<td>Wheelchair Seat Belt/Chest Harness</td>
<td></td>
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<tr>
<td>Shower Only</td>
<td></td>
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<tr>
<td>Right Sidelying After</td>
<td></td>
</tr>
<tr>
<td>Water Safety</td>
<td></td>
</tr>
</tbody>
</table>

**Routine Medication**

See MAR _____ It is imperative that all seizure medications are given as prescribed. If a seizure medication will not be given/or has not been given for any reason you must notify your Nurse _____

Supervisor _____ Physician _____

Special Instructions:

**Other Special Interventions:** Any special diet, surgery, etc. and instructions: _________

**PRN Medication**

Yes ________ No __________ See MAR ____

See attached special instructions for Diastat: _________

Special Instructions:

**Vagus Nerve Stimulator (VNS)**

Yes ________ No __________

If yes, the person will have a magnet that is to be with him/her at all times. It needs to be taken any time the person leaves the home. In the event of a seizure the magnet is to be slowly moved across the left chest over the area that the VNS is implanted. This may stop, decrease the length or severity of the seizure. It may also decrease the time it takes to recover from the seizure.

DO NOT HOLD THE MAGNET OVER THE VNS FOR A LONG PERIOD OF TIME AS IT WILL SHUT THE DEVICE OFF.

See Attached: ____Special Instructions: ________________

_________________________
Documentation
It is important to document how long a seizure lasts, the date and time, what movements and actions you see, and what happened before and after a seizure. It is also helpful to note if the person is ill, under increased stress or other special circumstances.

DOCUMENT ON: Facility Seizure Record ___ Daily Notes _______ Incident Report _______
Other ______

Client Name______________________________ Completed By: ____________________________ Date: ______________

If a Seizure Occurs out of the Home
If a seizure occurs while on an outing, at work or day programming, or if visiting family and friends: (Include information regarding what form is to be used to document the information, how to ensure the documentation is back in the home/providers records and when and who to notify) ________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Notifications
_______Notify nurse _____ supervisor _______ immediately after each seizure.
_______Notify nurse _____ supervisor _______ immediately if not usual seizure for this person.
_______Notify nurse _____ supervisor _______ next working day is usual seizure for this person.
_______Notify nurse _____ supervisor _______ immediately if injured during seizure.
Special instructions for notification of a seizure: ________________________________________________
_______________________________________________________________________________________

If sent to ER – Wait until the person is stable and it is safe then call:
Nurse _____ Supervisor _______ Other ________________

Authored by: Debbie Hatfield RN BSN CDDN
Adapted from Oregon Fatal Four
Date: July 23, 2008