

# SEIZURE PROTOCOL

Name: \_\_\_\_\_

## CALL 911, IF

- Seizure lasts over \_\_\_\_\_ minutes
- Person is not breathing or is having difficulty breathing
- Skin remains bluish-gray in color for \_\_\_\_\_ minutes
- Person has not regained consciousness after \_\_\_\_\_ minutes/hours
- Has more than \_\_\_\_\_ seizures in \_\_\_\_\_ (amount of time) without regaining consciousness
- Appears gravely ill or you are concerned about their immediate health and safety

Other (specific to the person) \_\_\_\_\_

1. Start emergency procedures as trained.

2. Notify:  Supervisor       Case Manager       Physician \_\_\_\_\_  
 R.N.                       Other \_\_\_\_\_

3. After the person is stable, document incident in:

Medical notes       Incident report       Other \_\_\_\_\_

Describe what this person's usual seizure activity looks like for each kind (include description(s), duration, post-seizure activity and frequency):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Interventions:

### During seizure:

- Stay with the person
- Turn on side
- Move objects away from the person
- Remove person from unsafe place
- Pad under head, arms and legs
- Do not place anything in mouth
- Time the seizure
- If in water, keep head above water
- Loosen clothing
- How soon after seizure person can have food/fluids: \_\_\_\_\_
- Other \_\_\_\_\_

**Continued Next Page**

**Interventions (continued):**

**Consider all below and  all decided upon**

- Helmet
- Side rails in bed
- Knee/elbow pads
- Padded side rails
- Water safety precautions (such as 1:1 continual observation in pool/tub, wear lifejacket, use shower only - no baths, etc.) Precautions must be considered when bathing/swimming if there's been a seizure in past 12 months, or seizure meds have been changed w/in last 6 months): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Other (bicycle safety, seatbelts on adaptive equipment, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Record seizure on  Seizure Record
- PRN seizure medications:   
Instruction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Medical Notes  \_\_\_\_\_
- See M.A.R.  See attached

If more than \_\_\_\_\_ seizures in \_\_\_\_\_ (amount of time), and/or if the seizure lasts longer than \_\_\_\_\_, and/or if \_\_\_\_\_:

1. Call:  Supervisor  R.N.  Physician \_\_\_\_\_
2. If no response from above call by \_\_\_\_\_ minutes,  
 call: \_\_\_\_\_  
or:  take to \_\_\_\_\_
3. Document incident in:  Medical notes  Incident Report  Other \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Review dates: \_\_\_\_\_