

OUR LADY'S CHILDREN'S HOSPITAL, CRUMLIN
 NURSING CARE PLAN – Number 21
 Seizures / Convulsions / Telemetry



This care plan must be used in conjunction with care plan 1

Care plan 21		Seizures/Convulsions/Telemetry		Issue date: December 2015
Problem		Goals		Review date: December 2018
_____ is at risk of seizure/convulsion		<input type="checkbox"/> To maintain airway and prevent injury related to seizure/convulsion <input type="checkbox"/> Manage and treat seizures/convulsions safely and effectively		
Commenced date, time, signature & grade	No.	Nursing Intervention		Discontinued, date, time, signature & grade
	1.	Safety precautions		
		<input type="checkbox"/> _____ is at risk of injury during a seizure - Nurse in a bed that can be easily monitored / near the nurses' station. Use padding (if necessary) <input type="checkbox"/> Nurse beside oxygen and suction <input type="checkbox"/> Ensure a call bell is in situ and in working order. Advise parents on using the call bell. <input type="checkbox"/> IV access in situ and flushed as per IV Guidelines		
	2.	Seizure Management:		
		<input type="checkbox"/> Do not leave the patient unattended <input type="checkbox"/> Maintain patent airway. <input type="checkbox"/> Monitor child's breathing and circulation during the seizure <input type="checkbox"/> Ensure side rails are raised <input type="checkbox"/> Administer Oxygen as required <input type="checkbox"/> Suction carefully only if required <input type="checkbox"/> Guide limb movements <input type="checkbox"/> Remove surrounding objects that may cause injury <input type="checkbox"/> Time the seizure <input type="checkbox"/> Administer rescue medications as prescribed. (no need to rewrite prescription) <input type="checkbox"/> Roll the patient on their side into the recovery position after the seizure subsides <input type="checkbox"/> Provide reassurance to the child and parents <input type="checkbox"/> Maintain close observation of the child until level of consciousness returns to baseline. <input type="checkbox"/> Record a description of seizures - include a description of before, during and after seizure e.g. precipitating factors, appearance at onset, limb/mouth/eye movements, incontinence and colour. <input type="checkbox"/> Monitor and record seizure frequency and severity on a seizure record chart <input type="checkbox"/> Document and report seizure activity to the medical team Should there be some reference to PEWS score.		

Updated November 2015

Patient name.....

HCRN.....

Ward.....

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3.	Medication Management	
	<ul style="list-style-type: none"> <input type="checkbox"/> Administer anti-epileptic drugs (AEDs) as prescribed. <input type="checkbox"/> Observe and record effectiveness of AED treatment <input type="checkbox"/> Observe and record side effects of AEDs <input type="checkbox"/> Teach parents and _____ about medication plan and possible side effects. 	
4.	Education	
	<ul style="list-style-type: none"> <input type="checkbox"/> Liaise with neurology nurse specialists (if applicable) <input type="checkbox"/> Educate parents and the child regarding epilepsy, seizures, safety and treatment plan. 	
5.	ACTH therapy	
	<ul style="list-style-type: none"> <input type="checkbox"/> Administer ACTH as prescribed <input type="checkbox"/> Record site of administration <input type="checkbox"/> Monitor Blood Pressure _____ <input type="checkbox"/> Monitor weight _____ <input type="checkbox"/> Perform daily urinalysis-observe for glucose and protein- report to medical team if detected <input type="checkbox"/> Liaise with Neurology Nurse Specialist re education and follow up post discharge <input type="checkbox"/> Liaise with PHN/GP regarding monitoring post discharge <input type="checkbox"/> Organise an appropriate sized Blood Pressure cuff for home care (if required). <input type="checkbox"/> Document and record a teaching plan for parents (if applicable) 	
6.	Video Telemetry/Long term EEG monitoring	
	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure equipment is in situ and in correct position <input type="checkbox"/> Ensure the view of the camera is not obstructed <input type="checkbox"/> Ensure all appropriate safety measures are initiated <input type="checkbox"/> Administer reduced doses of medication if requested by neurology team – see prescription. <input type="checkbox"/> Record the times of seizure activity <input type="checkbox"/> Press the alert button on the telemetry machine if seizure activity is noted <input type="checkbox"/> Liaise with EEG staff as required or if recording appears to be interrupted. 	
7.	Other	
	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	