

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.....

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

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>	