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| Care of Residents with Seizure Disorders, Anticonvulsant Therapy | | | | NO. | |
| PURPOSE:  To provide specific guidelines for providing safe care of residents with diagnosis of seizure disorders.  STATEMENT OF POLICY:  It is the policy of this facility to provide safe care for residents with diagnosis of seizure disorders. This includes resident/responsible party education, staff education, providing appropriate safety precautions, and providing appropriate care and documentation during and after seizure activity.  PROCEDURE:   1. Procedure to provide Resident/Responsible Party education 2. On admission, Licensed Nurse will provide education to the Resident/Responsible party regarding: (See attachment # 1) 3. Type and purpose of anticonvulsant therapy ordered. 4. Importance of compliance with anticonvulsant medication management. 5. Side effects that should be reported to the Licensed Nurse. 6. Medications/food that might interact with the anticonvulsant medication. 7. Blood tests that will be performed to monitor anticonvulsant therapy. 8. Physician notification of blood levels, side effects and medication interactions. 9. Precautions and care before, during and after seizure activity. 10. Documentation of Resident/Responsible Party education will be recorded in the Nurses Notes Section of the Medical Record. 11. Procedure to provide Staff Education. 12. Licensed Nursing Staff will receive education on Anticonvulsant Therapy to include: (see attached training tools; staff Education for specific medications and monitoring of therapeutic levels) 13. Purpose of anticonvulsant therapy and medical diagnoses for which anticonvulsants are prescribed. 14. Types of anticonvulsant therapy. 15. Side effects of anticonvulsant therapy. 16. Medication/food interactions. 17. Lab testing to monitor therapeutic levels, recommended frequency of testing, and normal lab values. 18. Notification of Physician: 19. Results of lab testing 20. Side effects 21. Medication interactions (notify physician if increase or decreased in therapeutic levels are noted after the addition of any new medications to drug regimen.) 22. Seizure Activity 23. When to hold anticonvulsant medication, (as directed by the physician and/or pharmacy policy) 24. Precautions for the resident at risk for seizure activity. (See Section III) 25. Appropriate care for the resident during and after seizure activity. (See Section IV) 26. Documentation of Seizure Activity (See Section V) | | | | | |
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| Care of Residents with Seizure Disorders, Anticonvulsant Therapy | | | | NO. | |
| 1. Procedure for implementation of seizure precautions for resident at risk. 2. On admission, and as necessary, Resident’s Medical Record and Medication Administration Record will be flagged for seizure precautions per facility protocol. 3. Place pads on the inside of the bedrails. 4. Bed should remain in the low position. 5. Room should remain uncluttered. 6. Have suction machine readily accessible to staff. 7. Place interventions for seizure precautions on the resident’s plan of care. 8. Procedure for providing appropriate care during and after seizure activity. 9. Loosen restrictive clothing. 10. If resident is in bed, place the resident on side to help prevent aspiration, and protect the resident’s head. 11. If resident is ambulatory, lower to a horizontal position, support head to prevent injury and turn to side. Provide a helmet to the resident who falls during seizure activity. 12. Do not restrain the resident during a seizure. 13. Do not place anything in the resident’s mouth during a seizure. 14. Do not interfere with the automatic activity of a seizure. 15. Observe seizure activity and document in the resident’s medical record. 16. After seizure activity has subsided, allow resident to lie quietly, reorient to name, surroundings and events, as appropriate. 17. Obtain a full set of vital signs immediately post-ictal and the q 30 minutes until resident has fully recovered. Post-ictal state can vary among individuals form a few minutes to a few hours. Note: Stay with the resident until fully conscious. 18. Notify the resident’s attending physician and responsible party as soon as possible after the events. 19. Procedure for documentation of Seizure Activity. 20. Document an accurate description of the seizure including: 21. Resident’s activity immediately before the seizure including any precipitating factors. 22. Description of seizure activity including: 23. Muscular involvement, respiratory pattern, loss of consciousness, frequency and duration, and incontinency of feces and/or urine. 24. Description of activity after the seizure including: 25. Obvious paralysis or weakness of arms and legs, inability to speak, mental status and level of orientation when resident regains consciousness. 26. Document notification of attending physician and responsible party. 27. Documentation should be recorded in the Nurses Notes of the Medical Record. | | | | | |
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