Seizure Emergency Response
(Unmonitored and Monitored Patients)

AANN American Association of Neuroscience Nurses

Quick Reference for the New to Neuro or Neuro Care Unit Nurse

This educational tool provides information about seizure emergency response. It is not meant to replace the institution's policies or guidelines for emergency seizure response.

CALL FOR HELP	Remain calm. Monitor the location of where the event occurred-the presentation of what you see clinically and the duration of the event; including interventions performed.
LOCATION ASSESS SAFETY	Where was the patient found? When was the event witnessed, when was the last time you saw the patient?
SAFETY ASSESSMENT	Protect from injury, keep patient safe, assess airway turn the patient on the side if possible. or needed for airway protection.

Presentation-Observations — Describe what you saw

How did the seizure start and then what happened?

- Was the patient responsive or unresponsive? When did they become unresponsive? During the event? Were there vocalized audible noises? Was the seizure focal (shaking in a specific area) or generalized (patient shaking over entire body)? Did they turn their head one way or another, did they stare? Did the patient lose control of their bowels or bladder or bite their tongue? Could they respond to your commands or questions?
- How long to "recovery"(post ictal state)
- Notify the provider-ask them to come to your bedside for immediate evaluation.
- Review medications. The patient may not need immediate medication. Check to see if the patient is on antiepileptics already? The recommended emergency medication treatment if needed is a benzodiazepine.

Duration: How long did the seizure/s last?

- Examples 30 sec, 1 min, 10 min. The event may seem like it goes on forever but most seizures do not last longer than 2 minutes. Repetitive seizures raise concerns for status epilepticus, so if there are medications that should be given, give them. Important to know whether this is a first time seizure, or if the patient has a seizure disorder etc.
- Post ictal or post event exam

MORE ON REVERSE SIDE

- **Vital signs** — around the time of the event and after recovery-be smart- Don't take vital signs when the patient is actively moving-keep assessing the patient.
- **Response plan by team** — Discuss the next steps with the team? Is there a risk for further seizure? Does the patient need a single EEG , continuous EEG monitoring , or other testing? Review patient history, rule outs.
- **Medication review** — Does the patient need further medication, what is the emergency drug of choice if needed.
- **Reoccurring seizures** — in seizures continue best practice supports monitoring via EEG to assist in treatment protocol administration of medications including more benzodiazepines and either Valproate, Levetiracetam or Fosphenytoin.

Each area has specific guidelines in place for the care of monitored patients. General considerations include:

- Establish communication between provider and EEG technologist and reference protocol of communication regarding intervals of EEG checks, roles and responsibilities.
- Review EMR order set ,goal of the monitoring (ex. Burst suppression) and ordered medications correlating with clinical presentation/seizure activity. Titration of continuous medication using EEG is performed only after physician or designated provider review and order.
  - Communicate with the pharmacy regarding drug preparation timing and delivery
  - Assure correct monitoring and vascular access in place
- Assess lead placement and skin condition daily and in collaboration with EEG tech
- Assess patient presentation-repetitive tonic clonic movements versus comatose and unresponsive
  - Record and communicate patient seizure presentation (Convulsive vs. non-convulsive episodes), number of episodes, and interventions.
- Initiate Unit Standards of Care