

## Maintain Airway

## Maintaining open-Airway

### Side-lying Position

### Side-Lying Position

The patient should be placed in a side-lying position to promote drainage of saliva from the mouth, which reduces the risk of choking or aspiration.

### Support Head

## Supporting Head with pillow

Seizures may cause jerking and uncontrolled movement of the head. The head should be supported during seizure activity to prevent further injury and to avoid flexion of the neck, which could compromise the airway.

## Move to Floor

## Moving to the Dance-floor

If the patient is standing or seated at the onset of a seizure, they should be moved to the floor to prevent the risk of falling and further injury. Nearby furniture should be moved or removed to allow adequate space and safety for the patient.

## Benzodiazepines

Benz-dice

The desired outcome of drug therapy is to prevent or control seizure activity. Various benzodiazepines are used to control seizures, due to their anticonvulsant properties. In patients with status epilepticus, a fast-acting drug like diazepam or lorazepam is given intravenously, followed by a longer-acting anti-seizure medication. Patients and/or family members may need education regarding drug administration, prior to discharge.

## Considerations

## Never Restrain

## Breaking Restraints

Patients experiencing a seizure should never be restrained.

## No Objects in Mouth

### No-sign over Mouth

Nothing should be placed in the patient's mouth during a seizure. If there are concerns about the patency of the airway, the patient should be placed in a side-lying position to prevent choking or aspiration.

## Document Details

### Documenting Detailed-notes

After the episode, an accurate description of seizure activity should be recorded. Details should include the length of the seizure, what the patient was doing prior to the onset of the seizure, movements observed during the episode, and status of the patient once the seizure had ended.