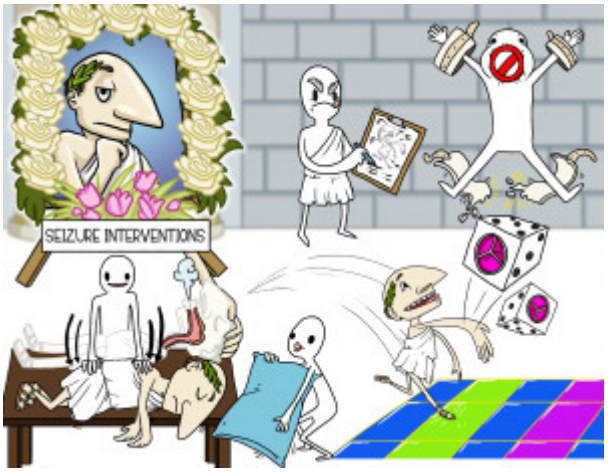
Seizure Interventions

When abnormal electrical activity occurs in the brain, a seizure can result, causing uncontrolled physical movements. Patients who are having a seizure should be moved to the floor to prevent falls and further injury. The patient’s head must be supported, and they should be placed in a side lying position to minimize choking. It is important that a patient never be restrained during a seizure, and that no objects are placed in their mouth during the episode.



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Maintain Airway
Maintaining open-Airway
It is important to ensure that the patient’s airway is patent to allow for adequate ventilation during a seizure. If a patient does not resume breathing on their own after a seizure, further interventions may be necessary.

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.

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