

Seizures

Purpose *To provide a safe and consistent procedure to respond to and document seizure activity.*

Policy Statement *ASC employees will respond to seizures by following the recommendations of the Epilepsy Association of Canada, Calgary Chapter and/or written guidelines identified specific to a client and record as per ASC procedures.*

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| Section(s): | Medical | A | 94-11-16 | R/R | 96-10-28 | R/R | 98-05-21 |
| Program Area(s): | Adult Disability, Family Support Disability | R/R | 01-08-23 | R/R | April 7, 2005 | R/R | Jun 13/12 |
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Seizures

Responding to a Seizure

When known, always follow the specific protocol for each client.

General recommendations for responding to a seizure:

1. A person’s seizure type and the circumstances in which the seizure occurs will affect what actions you take in dealing with a seizure. The following guidelines, along with your own capable judgement, will assist you in minimizing injury to the person.
2. Learn as much about the person’s seizures as possible; including:
 - Seizure type
 - How often they occur (frequency)
 - Things that bring on a seizure
 - How long a seizure usually lasts (durations)
 - Severity
 - What first aid procedures are normally followed (what do the family/regular caregivers/support workers recommend?)
 - Recovery time and what to look for so that you know the person has recovered. Some people may be able to communicate that they are recovered. Perhaps this could be something non-verbal such as a sign or visual response
3. **Keep calm.** Let the seizure take its course. **YOU CANNOT STOP IT ONCE IT HAS STARTED.**
4. **Partial seizures may spread to other areas of the brain.** Do not be alarmed if a convulsive seizure follows.
5. **Protect from further injury:**
 - Move furniture or obstacles out of the way, but do not interfere with the person's movement
 - If required place a cushioning buffer (not your hand) between their head and any hard object such as a wheelchair frame, wall, or floor
 - Loosen tight clothing, especially at the neck
 - If needed, safety belts and or foot straps on the wheelchair may be loosened. Restraints by these could cause further injury – e.g., the foot straps could cause the person to pull muscles or break bones in their legs. Loosen the waist belt to prevent undue restraint or choking. If needed lift the person to the floor
6. **Do not force anything between the teeth** as it may cause injury to the teeth or jaws. If the tongue is bitten, it will heal. Breathing is not usually obstructed by the tongue, but rather, fluids.

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7. Attempt to protect the person’s dignity by providing as much privacy as possible in the situation and reassure others around that the seizure will pass.
8. **When the jerking has stopped, roll the person to their side.** This allows fluids to drain away, helping to clear the airway. Do not be frightened if the person appears to stop breathing momentarily.
9. Check for medical identifications.
10. When the seizure ends offer comfort and reassurance to the person.
11. IF THE SEIZURE GOES ON LONGER THAN FIVE MINUTES, OR REPEATS WITHOUT A FULL RECOVERY, CALL FOR MEDICAL HELP.
12. **Stay with the person,** but let the seizure take its course. The person will be unaware of their actions and may not hear you.
13. Complete the necessary documentation and report as required (See Seizures: Documentation).

FOR ANY SEIZURE, OBSERVE CAREFULLY AS DESCRIPTIONS ARE NEEDED FOR MEDICAL PERSONNEL AND OR DOCUMENTATION.

| NEW TERM | *TONIC-CLONIC | ABSENCE | *COMPLEX PARTIAL | SIMPLE PARTIAL |
|-------------|--|--|---|--|
| OLD TERM | GRAND MAL | PETIT MAL | PSYCHOMOTOR OR TEMPORAL LOBE | FOCAL |
| DESCRIPTION | Body stiffens, may be loud, cry, fall to ground, body jerks, skin may turn blue, may bite tongue then sudden relaxation, may lose bladder control, may be confused and/or sleepy for a few minutes after the seizure | Sudden brief loss on consciousness, eyes blink, slight muscle movements may be seen around mouth, does not fall, able to resume full activity immediately. First Aid: provide missed information | Varies widely; often has loss of awareness of surroundings, inappropriate actions (i.e., lip smacking, picking at clothes), walks around and appears very disoriented, gradual recovery | Varies, may only be a sensation (i.e., tingling in one area, may be jerking of a limb (i.e., arm), may have visual and auditory or olfactory (i.e., smell), phenomena (no loss of consciousness) |
| DURATION | 1-3 minutes, seldom longer | 2-10 seconds | 2-4 minutes, occasionally longer | 2-10 seconds, may be longer |

EPILEPSY IS NOT A DISEASE. IT IS A CONDITION OF THE CENTRAL NERVOUS SYSTEM CHARACTERIZED BY THE TENDANCY TO HAVE SEIZURES.

Guidelines for Responding to a Seizure in Water (taken from the Epilepsy Canada Seizure and First Aid Brochure)

- Support their body and keep their head tilted so that their head and face stay above the surface
- Remove the person as quickly as possible
- Once on dry land, examine the person and begin artificial respiration immediately if he or she isn’t breathing
- Go to the emergency department of a local hospital for a careful medical check up, even if he or she appears to have fully recovered from the seizure. Ingesting water can cause heart or lung damage

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Documentation of a Seizure

In order to appropriately monitor and communicate necessary information to a person's doctor regarding their seizure activity, employees must document seizure activity.

1. Complete the general or hourly seizure chart as soon as possible after the seizure and always prior to leaving your shift.
2. Circulate documentation as required. If seizure activity is unusual, or requires medical attention, contact the direct supervisor immediately.
 - Seizure charts are retained and reviewed as required
 - Seizure reports are to be forwarded to the Team Manager or designate within 72 hours of the seizure
3. The Team Manager reviews seizure reports and forwards it to the Coordinator for review, follow up and distribution.
4. Original seizure charts and seizure reports will be filed on client's main file.

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