

SEIZURE PROTOCOL

You do not need permission to call 911

This person has more than one seizure protocol. See other seizure protocol(s).

Person's name: _____ Location of use: _____ Date: _____

Describe what the seizure(s) looks like (include duration, frequency, and the person's post-seizure activity):

SECTION 1: Description of Safety Precautions

- | | |
|--|---|
| <input type="checkbox"/> Helmet: | <input type="checkbox"/> List water safety precautions (required if the person has had a seizure in the past year or the person's seizure medication has changed in the last six months): |
| <input type="checkbox"/> Side rails on bed: | |
| <input type="checkbox"/> Knee/elbow pads: | |
| <input type="checkbox"/> Floor Mats/Pads: | |
| <input type="checkbox"/> Other (bicycle safety, seatbelts, adaptive equipment, etc): | |

SECTION 2: What to do if a seizure occurs

- | | |
|--|--|
| <ul style="list-style-type: none"> ● Stay with the person ● Do not place anything in mouth ● If possible, move objects away from the person, pad under head, arms and legs ● If possible, loosen clothing ● Protect airway (such as holding head/chin up, turn onto side) ● Time the seizure | <input type="checkbox"/> Specific interventions for this seizure type: |
| <ul style="list-style-type: none"> ● How soon after seizure person can have food/fluids: | |
| <input type="checkbox"/> PRN seizure medications (see MAR)
<input type="checkbox"/> Vagal Nerve Stimulator (VNS) Instructions: | |
| <ul style="list-style-type: none"> ● Record seizure on: <input type="checkbox"/> Seizure Record <input type="checkbox"/> Progress Notes <input type="checkbox"/> Other: <input type="checkbox"/> Notify _____ when any seizure occurs | |

Person's name: _____ Location of use: _____ Date: _____

SECTION 3: What to do if any signs and symptoms are observed

Physician wishes to be notified in the following circumstances:

1. Document incident in: Progress Notes Incident Report Other: _____

2. Notify: Work Home Family/Guardian School Other: _____

If the person has more than _____ seizures in _____ (example "15 mins" or "2 hours")

● If the person has a seizure that looks different than the person's usual seizure activity:

1. Contact and follow any instructions given:
 Supervisor Nurse Physician _____

2. Document incident in: Progress notes Incident Report Other: _____

3. Notify:
 Work Home Family/Guardian School Other: _____

SECTION 4: CALL 911 AND START EMERGENCY AND FIRST AID PROCEDURES AS TRAINED, IF ANY OCCUR:

- Person appears gravely ill or you are concerned about their immediate health and safety
- Person is not breathing or is having difficulty breathing
- Skin is bluish-gray in color for _____ minutes
- Person has more than _____ seizures in _____ (example "15 mins" or "2 hours") without becoming responsive
- Seizure lasts over _____ minutes
- Other:

After calling 911,

Contact and follow any instructions given:

Supervisor Serv. Co./Res. Spec. Physician _____
 Nurse Family/Guardian Other: _____

After the person is stable, document incident in:

● Incident Report Progress notes Other: _____

Written by: _____