

POLICY: NMS001

DATE: 1985.08

REVIEWED: 1986.02, 1994.02, 2004.02.02, 2006.02.20, 2008.01.30, 2014.10.15

APPROVED: J. Gillies, DRC; C. Saxby, DRC

SEIZURES & CONVULSIONS - NURSING CARE DURING

PURPOSE:

To protect seizing or convulsing residents, visitors and staff from injury.

POLICY:

The following policy will be adhered to when a seizure or convulsion occurs in any person on the property of Strathmere Lodge.

DEFINITIONS:

- Seizure - A phenomenon not a disease. It ranges in intensity from imperceptible impulse changes within the brain to highly dramatic episodes in which a person falls unconscious and begins to thrash about, salivates heavily and potentially becomes cyanotic.
- Convulsion - A muscular contraction that may be one component of a seizure. A convulsion is a violent involuntary contraction or series of contractions of muscles.

PROCEDURE:

1. Stay with the resident and send another person for help. Announce a 'Code Blue' over the PA system (as per 'Emergency Color Codes Policy' FEE 003) to obtain further staff assistance, if required.
2. Protect the resident from injury (especially aspiration) by assisting the resident carefully to the ground or flat into bed (if already there) and rolling him/her into the recovery position (i.e., on one side with the top leg bent at 90 degrees [at both hip and knee] over the bottom leg, with one arm under the head to cushion it.) This lateral/side position facilitates drainage of saliva and mucous therefore decreasing possibility of aspiration
3. If the resident is in a chair/wheelchair when a severe seizure starts, immediately slide the resident to the floor. If the resident is standing when the seizure starts, lower the resident gently to the floor.
4. Provide for privacy, if possible. Remain calm and give reassurance. Some people having a seizure can still hear voices, and one can never be certain when consciousness begins to be regained.
5. If the resident is in bed, keep the side rails up and padded with pillows for protection from injury, and pad the head of the bed if the situation requires it.
6. Do not attempt to lift any person during a seizure. Move any/all hard objects away from the resident, and if this is not possible, move the resident away from any hard objects carefully.
7. Maintain airway and adequate ventilation by loosening tight clothing.
8. Do not attempt to forcibly open the resident's mouth, and never put your fingers into the resident's mouth.
9. Do not attempt to restrain a resident's movements. Restraining may increase the movements and could cause fractures if extreme spasm is present.
10. Observe and document the following:
 - pre-convulsion signs or auras
 - progression and type of muscular activity – e.g., tonic, clonic, generalized, localized, body parts involved, diaphoresis, and/or clenching or grinding of the teeth,
 - presence of any deviation of the tongue or eyes – e.g., deviated up, down, to the side,
 - level of consciousness prior to, during and following the seizure,
 - presence of incontinence (bowel or bladder) and/or vomiting and/or any type of bleeding,
 - respiratory characteristics – i.e., apnea, colour of skin, face, & lips,
 - presence of injury as a result of falling or other activity during the seizure (esp. to tongue,)
 - presence of muscular weakness, pain, discomfort, paralysis, or aphasia following the seizure,
 - vital signs post-seizure,
 - length of time of both clonic and tonic phases, and
 - if multiple seizures have occurred, record the frequency and number

This policy appears in Emergency Plans Manual.