

**SEIZURE**

**Subjective Data:**

**Allergies:** \_\_\_\_\_

Chief complaint: \_\_\_\_\_

Onset: \_\_\_\_\_  New  Recurrence Duration: \_\_\_\_\_ Activity at onset: \_\_\_\_\_

**Was the seizure witnessed:**  Yes  No

**Description of seizure:** (If witness) \_\_\_\_\_  
\_\_\_\_\_

**History:**

Recent trauma  High fever  Substance abuse  Psychiatric  Seizures  Diabetes  Heat exposure

Past / current medication: \_\_\_\_\_

Time last seizure medication taken: \_\_\_\_\_ AM/PM Last medication level: \_\_\_\_\_ Results: \_\_\_\_\_

**Associated symptoms:**

Incontinence of bladder  Incontinence of bowel  Injuries

**Objective Data:** (clinically indicated VS)

BP \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Temp. \_\_\_\_\_ Wt. \_\_\_\_\_ O<sub>2</sub> sats. \_\_\_\_\_ FSBS: \_\_\_\_\_

| Respiration                        | Lung Sounds                         | Skin                                 | LOC  | Neurologic                              | Appearance                                 |
|------------------------------------|-------------------------------------|--------------------------------------|--|---|--|
| <input type="checkbox"/> Even      | <input type="checkbox"/> Clear      | <input type="checkbox"/> Warm        | <input type="checkbox"/> Awake                     | <input type="checkbox"/> Gait steady    | <input type="checkbox"/> No distress       |
| <input type="checkbox"/> Uneven    | <input type="checkbox"/> Rhonchi    | <input type="checkbox"/> Pink        | <input type="checkbox"/> Alert                     | <input type="checkbox"/> Gait unsteady  | <input type="checkbox"/> Mild distress     |
| <input type="checkbox"/> Labored   | <input type="checkbox"/> Wheezes    | <input type="checkbox"/> Cool        | <input type="checkbox"/> Oriented X_____           | <input type="checkbox"/> Grips equal    | <input type="checkbox"/> Moderate distress |
| <input type="checkbox"/> Unlabored | <input type="checkbox"/> Diminished | <input type="checkbox"/> Pale        | <input type="checkbox"/> Confused                  | <input type="checkbox"/> Grips unequal  | <input type="checkbox"/> Severe distress   |
| <input type="checkbox"/> Shallow   | <input type="checkbox"/> Rales      | <input type="checkbox"/> Cyanotic    | <input type="checkbox"/> Lethargic                 | <input type="checkbox"/> Speech normal  |  |
| <input type="checkbox"/> Deep      |                                     | <input type="checkbox"/> Mottled     | <input type="checkbox"/> Comatose                  | <input type="checkbox"/> Speech slurred |  |
| <input type="checkbox"/> Rapid     |                                     | <input type="checkbox"/> Diaphoretic | <input type="checkbox"/> Follows commands          | <input type="checkbox"/> Pupils equal   |  |
|                                    |                                     |                                      | <input type="checkbox"/> Unable to follow commands | <input type="checkbox"/> Pupils unequal |  |

**SEIZURE EMERGENCY: IMMEDIATE EMERGENCY CARE AND AMBULANCE TRANSFER TO HOSPITAL WITHOUT DELAY AND CONTACT THE HEALTH CARE PROVIDER.**

Status epilepticus

Emergency department notification time: \_\_\_\_\_ Transport time: \_\_\_\_\_ Transported by: \_\_\_\_\_

**CONTACT HEALTH CARE PROVIDER IMMEDIATELY IN ALL CASES OF SEIZURES:** *Health care provider must be called if not on site or if after clinic hours.*

Postictal state lasts longer than one hour.

Notify health care provider if new onset.

**Health Care Provider:** \_\_\_\_\_ **Time Notified:** \_\_\_\_\_ **Orders Received for Treatment:**  Yes  No

**Plan: Interventions:** (check all that apply)

Check in assessment only for health care providers visit.

Chief complaint resolved prior to appointment. Instructed inmate to follow-up sick call for signs/symptoms warranting further evaluation. Assessment completed.

If inmate actively having seizure activity, protect from injury and prevent aspiration.

Do not force objects such as oral airway or tongue blade between closed jaws.

Remain with inmate, position on one side to help maintain airway and prevent aspiration.

Loosen clothing, establish a quiet area (with security assistance) to reduce stimulation during postictal period, monitor inmate during this time.

Seizure activity generally lasts 2-3 minutes-use clock or watch to time activity.

Urine drug screen.

Education/Intervention: Instructed on medication compliance and use, factors that trigger seizures, follow-up sick call if no improvement. Inmate verbalizes understanding of instructions.

**Progress Note:** \_\_\_\_\_

**Health Care Provider Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**RN/LPN Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Inmate Name  
(Last, First)

DOC #