

## ADMINISTRATIVE POLICY

- 1 Seizures observed for persons with known epilepsy or diagnosed seizure disorders will be recorded. Community Support Specialists will observe for seizure- type disorder for other persons served as clinically indicated. Other persons involved in personal care will be made aware of persons with seizure disorders and provided necessary information and instructions.
- 2 Activities
  - 2.1 Normal life activities will be encouraged.
  - 2.2 Exercise will be encouraged with physician's approval.
  - 2.3 Persons with seizure disorders will be encouraged to attend typical activities such as: movies, dances, travel and other social activities of interest.
  - 2.4 Persons with seizure disorders will be encouraged to refrain from alcoholic beverages and recreational drugs.
  - 2.5 If a person with a known seizure disorder chooses to participate in a high risk activity, they will be advised to consult their physician to discuss the activity.
- 3 Management of Convulsions
  - 3.1 Position the person on their side lying down.
  - 3.2 Loosen clothing around neck.
  - 3.3 Provide safest possible conditions in the area surrounding the person, protecting the person's head. Keep the person comfortable. Avoid excessive touching of the person as this could prolong the seizure activity.
  - 3.4 Do not put anything in the person's mouth.
  - 3.5 Note the time the seizure activity begins in order to record the duration.
  - 3.6 Initiate first aid treatment if the person injures themselves. If the person experiences difficulty breathing or the seizure is prolonged, contact emergency personnel (911).
  - 3.7 Allow the person to rest following seizure in side-lying position to allow for drainage of secretions. Assure the person they are ok.

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- 3.8 Document the seizure, including the type and duration on a seizure log.
  - 3.9 Notify the Supervisor/Manager or QIDP of the seizure. If an RN is overseeing care for the person served, the Supervisor/Manager or QIDP will ensure the RN is notified.
  - 3.10 The person's attending physician or neurologist will be notified of the number and frequency of seizures at each scheduled examination unless there is an unusual occurrence, in which case the physician should be notified immediately.
- 4 Persons on Medication
    - 4.1 Dispense medication as ordered.
    - 4.2 Explain the importance of taking the medication to the person.
    - 4.3 Report results to the person's attending physician during regular office visits.
- 5 Observation of persons and Indications of Seizure Activity:
    - 5.1 Drowsiness, nausea, vomiting, being overly tired. Some persons may feel the onset of a seizure or reporting having an aura.
    - 5.2 Momentary loss of consciousness, lasting 10 to 90 seconds (i.e. fixed gaze, blank facial expression, rapid blinking of eyelids, and/or momentary loss of muscle tone, jerking of arms, staggering gait, drooping of head, urinary incontinence).
    - 5.3 Emotional outbursts or unusual behavior patterns that are not typical of the person (e.g. disorientation, hallucinations, incoherent speech, irritability, etc.), may precede a seizure and/or mask the seizure activity.
- 6 Seizure Training
    - 6.1 Each person who has an identified seizure disorder will be encouraged to be aware of the conditions or precursors that may lead to an increase of seizures.
    - 6.2 Each person served who has an identified seizure disorder will be encouraged to be involved in their medical care by understanding their medical needs, medication and the importance of cooperation with their medication regimen.

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- 6.3 Each person with known seizure activity will have a plan specific to their needs included in their Individual Service Plan. The plan for each person may vary.
- 6.4 Staff will participate in drills on providing care for person's with seizures.

POLICY DATE: January, 1997  
REVISED: March 2004, August 2007, May 2012, April 2014  
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