THE STUDY VAULT

Clinical Chaos

Seizure Precautions

SKILL SNAPSHOT

Purpose
- Reduces injury and supports rapid airway/neurologic care for a patient at risk for seizures.

When to use
- Known seizure disorder, recent seizure, withdrawal, neurologic injury, metabolic abnormality, fever risk, or provider order.

Supplies needed
- Padded side rails per policy; oxygen; suction with Yankauer; BVM; pulse oximeter; IV access/medications as ordered; timing device.

PREP + PATIENT SETUP

- Assess seizure history/type, triggers, aura, baseline neuro status, last seizure, medications/levels, glucose, and ordered rescue plan.
- Orient patient/family and keep environment

VAULT TIP

- Protect, position, time, observe—then assess the postictal patient.

STEP-BY-STEP

1. Hand hygiene; identify patient; explain precautions and call-light use.
2. Keep bed low and locked; pad side rails per policy and keep rails positioned safely.
3. Keep suction, oxygen, and airway support ready; verify IV access when ordered.
4. Maintain fall precautions and assist with ambulation, bathing, and toileting based on risk.
5. Do not restrain prophylactically. Avoid unnecessary objects in bed and protect privacy.
6. If seizure begins, stay with patient, call for help, note exact start time, and lower/protect from fall.
7. Guide to bed/floor if needed; remove nearby hazards and cushion head. Loosen restrictive clothing.
8. Turn patient to side when possible to promote drainage. Maintain airway and apply oxygen/suction after secretions are accessible.
9. Do not restrain movements and do not put anything in the mouth. Do not give oral medication/fluids during impaired consciousness.
10. Observe eye/head deviation, body parts involved, movement type, awareness, color, breathing, incontinence, and duration.
11. Give rescue medication only per order/protocol and monitor respiratory/hemodynamic effects.
12. After seizure, assess ABCs, glucose, neuro status, injury, pain, and postictal recovery; maintain side-lying and reorient.
13. Activate emergency response for status epilepticus, repeated seizures without recovery, respiratory compromise, injury, pregnancy, or first seizure per protocol.

SAFETY REMINDERS

- Nothing goes in the mouth.
- Do not restrain.
- Time the seizure.
- Protect airway after the event and watch for medication-related respiratory depression.

COMMON MISTAKES

- Leaving patient alone.
- Trying to stop movements.
- Giving oral fluids postictally too early.
- Failing to document onset/duration/features.

DOCUMENTATION

- Precautions and teaching.
- Start/stop time and seizure features.
- Airway, SpO2, glucose, injury, neuro findings.
- Rescue medication and response.
- Postictal recovery, notifications, escalation.