

**Seizure Risk Plan**

**Participant’s Name:**

**Date plan begins:**

**Date Plan expires:**

**Dates of Revisions:**

**Written by:**

**Risk:**       is at risk of experiencing       seizures.

**Desired Outcome:**       will avoid seizure triggers, be administered medications as prescribed, and will not experience seizures. Staff will respond as trained if       does experience a seizure.

**Why at risk/History:**

A **seizure** is a sudden, uncontrolled electrical disturbance in the brain. It can cause changes in behavior, movements, or feelings, and levels of consciousness. Some people experience a warning feeling, or **aura**, before a grand mal seizure.  This warning varies from person to person, but may include feeling a sense of unexplained dread, a strange smell, or a feeling of numbness.  **Not every individual who experiences seizures will experience an aura.** Following a seizure is the **postictal phase** that can last for seconds, minutes, hours, and sometimes even days. It is commonly thought of as the time during which the brain recovers from a seizure. The person may not be able to answer questions that they usually can, feel faint or weak, have a migraine or upset stomach, or may other symptoms that are abnormal for them. **Focal seizures** result from abnormal electrical activity in one area of your brain. Focal seizures can occur with or without loss of consciousness and include: **Focal seizures with impaired awareness, or partial complex seizures,** involve a change or loss of consciousness or awareness. Symptoms include: Stare blankly or look like they’re daydreaming, be unable to respond, wake from sleep suddenly, swallow, smack their lips, or otherwise move their mouth repetitively, pick at things like the air, clothing, or furniture, say words repetitively, scream, laugh, or cry, perform actions that can cause potential danger to themselves like walking in front of moving cars or removing all or portions of their clothing, perform movements like they are riding a bicycle, be either partially or totally unaware of their surroundings, hallucinate, try to hurt themselves, experience confusion when the seizure ends, be unable to remember the seizure when it’s over. **Focal aware seizures, or simple partial seizures,** may alter emotions or change the way things look, smell, feel, taste or sound, but no loss of consciousness. These seizures may also result in the involuntary jerking of a body part, such as an arm or leg, and spontaneous sensory symptoms such as tingling, dizziness, and flashing lights. **Generalized seizures** appear to involve all areas of the brain and include:A **petit mal, or absence seizure,** may be mistaken for a lapse in attention or daydreaming that lasts about 10 seconds, though it may last as long as 20 seconds, without any confusion, headache or drowsiness afterward. Symptoms include: Sudden stop in motion without falling, vacant stare, lip smacking, eyelid flutters, chewing motions, finger rubbing, small movements of both hands. **Tonic seizures** cause stiffening of the muscles and usually affect muscles in the back, arms and legs and may cause the person to fall to the ground. **Atonic seizures, also called akinetic seizures, drop attacks, or drop seizures,** cause sudden loss of muscle strength. The sudden lack of muscle strength, or tone, can cause the person to fall to the ground. The person usually remains conscious, and may not always fall down. Their head may drop, their eyelids may droop, and they may drop anything they were holding. **Clonic seizures** are associated with repeated or rhythmic, jerking muscle movements and usually affect the neck, face and arms. **Myoclonic seizures** typically lasts for a few seconds and looks like a sudden, repetitive jerking movement that can involve an arm, a leg, or the face. They may involve both sides of the body or more than one body part, such as an arm and a leg. A **grand mal seizure, or tonic-clonic seizure**, causes violent muscle contractions and loss of consciousness and can affect the whole body. Symptoms include: Stiff muscles, loss of consciousness, a cry or groan, jerking of the arms and/or legs, loss of bladder or bowel control, limited or stopped breathing, blue lips, arched back. Symptoms after a seizure may include: Confusion, feeling sleepy or drowsy for 1 hour or longer, loss of memory about the seizure episode, headache, weakness of one side of the body for a few minutes to a few hours following seizure.

**Supports and interventions:**

* Staff will assist      , as needed, to know and avoid seizure triggers, which are      .
* Staff will monitor closely for any signs of seizure activity or presences of an aura.
* Staff will ensure that       sits in an armchair to reduce the risk of falling if experiencing a seizure while seated.
* Staff will assist      , as needed, to take medications as prescribed.
* Blood levels of anti-seizure medication will be checked by physician as needed.
* **If a seizure occurs:**
  + The person should be lowered into a safe position.
  + Remain calm.
  + Do not try to restrain them.
  + If possible, roll them to one side and place something soft under their head.
  + Ensure that the area is clear of sharp objects or furniture to prevent injury.
  + Do not put anything in their mouth.
  + Loosen tight clothing and remove eyeglasses, if present.
  + Remain with them throughout the seizure until fully awake/alert.
  + Allow them to rest after a seizure.
  + Evaluate them for injury after a seizure.
  + Staff will reassure their safety and provide comfort if confusion, anxiety, or fatigue occur after having a seizure.
  + Staff will document if there was an aura, start and end time of the seizure, symptoms of the seizure-how it began and progressed, length of time of the postictal phase, and how they felt prior to and after the seizure.
* If fall or harm occurs, assess       for injury and administer medical attention as necessary.

**Monitor (list individual’s symptoms of aura/seizures):**



**Notify:**

* **CALL 911 if exhibiting difficulty breathing after a seizure, skin remains a bluish-gray in color after a seizure, has multiple seizures, emergency intervention was necessary, such as, back blows, abdominal thrusts, CPR, etc., exhibiting multiple or severe symptoms, if more than first aid is needed for injuries, if they hit their head, any type of reaction that interferes with the ability to breathe or swallow, rapidly worsening symptoms, or loss of consciousness.**
* Notify Program Manager, Health and Safety Tech and/or Nurse of any seizure activity, change of condition, or concerns.
* Program Manager will notify family, guardian, other Program Managers, and/or Providers of any seizure activity, change of condition, or concerns.
* Staff will document the if there was an aura, start and end time of the seizure, symptoms of the seizure-how it began and progressed, length of time of the postictal phase, and how they felt prior to and after the seizure in Accel Trax.

**If 911 is called:**

* Remain with       until EMTs arrive. If emergency intervention was necessary, continue as trained until relieved by EMTs.
* Ensure that emergency personnel are aware of all medical conditions, allergies, and medications.
* Follow       to the hospital and remain with participant until relieved by staff or family.
* Complete an incident report by end of shift and BDDS report within 24 hours.

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| **Provider** |  | **Risk Plan** |  |  | **Date Effective** |
| **Paladin** | | **Seizure** | | |  |
| **Print Name** | | **Signature** | **Company/Title** | | **Date** |
|  | |  | **Paladin/Program Manager** | |  |
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