



## Seizure Monitoring Policy

### I. POLICY

A person served that is diagnosed with a seizure disorder will have a *Seizure Plan* in place. Employees that work with a person served with a seizure disorder will be trained in that person's *Seizure Plan*.

### II. PROCEDURE

- A. Upon admission of services or when a diagnosis of a seizure disorder is made, the Program Coordinator or Designated Manager will consult with the person's neurologist or physician to establish a *Seizure Plan*.
- B. If a seizure occurs, employees will:
  1. Follow the *Seizure Plan* as applicable and provide general care by:
    - a. Removing objects that could injure the person served during the seizure
    - b. Noting the start and end time of the seizure
    - c. Not restraining or placing anything in the person's mouth
    - d. Cushioning the person's head using a pillow or folded clothing
    - e. Rolling the person served onto their side if there is saliva, blood, or vomit in the person's mouth
    - f. Calling 911 if the seizure lasts more than 2 minutes, the person served has repeated seizures, the person served has not had a seizure before, or the person served does not regain consciousness after the seizure
  2. If a person served hits their head during the seizure, employees will follow first aid training and protocol and determine if further medical attention is needed. The Program Coordinator or Designated Manager may be contacted for additional instructions.
  3. After the seizure, employees will document the seizure and record the following on the seizure log:
    - a. The start and end time of the seizure
    - b. Length of the seizure
    - c. Types of body movements observed during the seizure
    - d. The person's level of responsiveness and behavior after the seizure
    - e. Any results of a PRN medication, if given
    - f. The number of seizures, if there were more than one
    - g. Any possible events that could have triggered the seizure
    - h. Recommendations of licensed health care professionals, if obtained
  4. Employees will document any unusual or suspected seizure activity for a person served who has no known seizure disorder and consult with the Program Coordinator or Designated Manager. The Program Coordinator or Designated Manager will complete follow up with the person's health care professional.
  5. For changes to known seizure patterns for a person served with a known seizure disorder, employees will document in the seizure log and notify the Program Coordinator or Designated Manager.