**ADMINISTRATIVE DIRECTIVE:**
This document is to be attached to the policy listed below. The changes in SECTION II will remain in effect until the policy is revised. The content of the directive replaces applicable portions of the policy listed.

| **CHAPTER**<br>Health/Medical | | **CHAPTER**<br>04 | **SECTION**<br>002 | **SUBJECT**<br>0025 |
|---|---|---|---|---|
| **SECTION**<br>Health Care | SUBJECT<br>Seizures | | | |
| **ADMINISTRATIVE DIRECTIVE WRITTEN BY:**<br>Karen Recker, RN CEN and Dr. Saeed, MD | | | **AUTHORIZED BY**<br>Tracey Pingitore | |

I. APPLICATION:

- ☐ SCCCMHA Board
- ☐ SCCCMHA Providers & Subcontractors
- ☒ Direct-Operated Programs
- ☒ Community Agency Programs
- ☒ Residential Programs
- ☒ Specialized Foster Care

II. ADMINISTRATIVE DIRECTIVE:

The purpose for this Administrative Directive is to revise the procedures when an individual is having a seizure and seizure medication is administered. Add new Procedure #16.

V. PROCEDURES

C. 16. Calls 911 if Seizure rescue medication is administered (examples: Nayzilam (Midazolam), Diastat or Valtoco (Diazepam), etc.

**ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

**ADMINISTRATIVE PROCEDURE**

**Date Issued 11/22**



| **CHAPTER**<br>Health/Medical | | **CHAPTER**<br>04 | **SECTION**<br>002 | **SUBJECT**<br>0025 |
|---|---|---|---|---|
| **SECTION**<br>Health Care | **SUBJECT**<br>Seizures | | | |
| **WRITTEN BY**<br>Mary Lawton | **REVISED BY**<br>Nursing Group – Mary Croteau and Latina K. Cates | | **AUTHORIZED BY**<br>Tracey Pingitore | |

I. APPLICATION:

- ☐ SCCCMHA Board
- ☐ SCCCMHA Providers & Subcontractors
- ☒ Direct Operated Programs
- ☒ Community Agency Contractors
- ☒ Residential Programs
- ☒ Specialized Foster Care

II. PURPOSE STATEMENT:

St. Clair County Community Mental Health Authority (SCCCMHA) shall provide First Aid and safety when confronted with seizure activity, and document observations accurately and appropriately.

III. DEFINITIONS:

A. Generalized Absence Seizure: (formerly, Absence or Petit Mal) Characterized by sudden brief loss of contact with the environment, lasting a few seconds, without falling to the ground. The person will continue whatever they were doing just before the seizure.

B. Aura: A warning that a seizure is about to occur; can be felt by some individuals. Person may feel fear of experience, unusual sensations such as unusual odors, disturbed vision, numbness or tingling in specific part of body.

C. Postictal Stage: The period following the seizure activity. Headaches, drowsiness, fatigue and muscular aches frequently persist after a convulsion. Rest or sleep may be needed.

D. Focal Impaired Awareness: (formerly, Partial Complex or Psychomotor Seizure) Attacks of automatic behavior which consist of apparently purposeful activity of which the person has no memory. During the seizure, the person may have a glassy stare, give no response or inappropriate responses when questioned, sit, stand or walk around aimlessly, make lip smacking or chewing motions, play with clothes, or appear to be drunk, drugged or even psychotic.

E. Seizures: The result of intermittent imbalance in the electrical activity of the brain. This uncontrolled brain activity leads to a transient alteration of behavior. See Exhibit A, International Classification of Seizures.

F. Status Epilepticus: A condition in which a person has repeated tonic-clonic seizures without regaining consciousness in between each seizure. Such successive seizures can lead to respiratory failure and death. Per American College of Emergency Physicians: "Status epilepticus is defined as 5 minutes of continuous seizing or two or more episodes of seizures without a return to baseline between episodes."

G. Generalized or Unknown Onset Tonic Clonic: (formerly, Tonic-Clonic or Grand Mal) is often referred to as a major convulsion in which the person may fall to the ground unconscious followed by rigidity (tonic phase). Following, person begins bilateral rhythmic jerking of the extremities (clonic phase). A pale or bluish appearance may result from difficulty breathing.

IV. STANDARDS:

A. All residential providers will have written instructions for post-seizure management from the individual's medical prescriber.

V. PROCEDURES:

**Residential Provider/Foster Care Provider/Caseholder/Designee**

A. Obtains written instructions for post-seizure management from the individual's medical prescriber within 30 days of admission to a residential home, contracted agency, or direct operated program.

B. Obtains, from the individual's medical prescriber, updated post-seizure management instructions at least annually and as needed.

C. Generalized or Unknown Onset Tonic Clonic **(formerly, Tonic-Clonic Seizure or Grand Mal)**

**Registered Nurse/Primary Case Holder**

1. Addresses health & safety concerns as it relates to the person with a seizure disorder in their individual plan of service.

**Staff/Foster Parent/First Responder**

2. Begins timing the seizure.

3. Assists the person to the floor, at the onset of a seizure.

4. Informs other staff by calling aloud for help.

5. Stays with the person. If you leave the person to seek help, the seizure is often over before you return. The person may injure himself because no one is there to protect him.

6. Places a pillow or any soft object, such as folded coat under the individual's head.

7. Loosens any tight clothing, especially if it is around the person's neck (e.g. tie, scarves, collars).

8. Removes eye glasses, if applicable

9. Turns the person on their left side (recovery position) to prevent aspiration, maintain patent airway, and allow secretions to run out of mouth.

10. Does not put anything including his/her fingers in their mouth; to avoid getting bitten.

11. Does not move the person until the seizure is over, unless he/she has fallen on something dangerous.

12. Does not restrain the person's movements.

13. Understands breathing stops during the tonic (rigidity) phase and may produce cyanosis (bluish color of the skin) for a short period of time.

14. Monitors seizure closely for signs of distress:

    a. prolonged lack of breathing and cyanosis
    b. severe injury

15. Calls 911 if any of the following occur:

    a. no previous seizure history
    b. cyanotic and has no history of cyanosis
    c. signs of distress are observed
    d. the seizure occurred in the water (tub, lake, pool)
    e. a second seizure starts shortly after the first has ended
    f. Status epilepticus occurs - 5 minutes of continuous seizing or when a second convulsive seizure occurs without the person regaining consciousness. **THIS IS A MEDICAL EMERGENCY**
    g. if the seizure lasts 5 minutes, unless otherwise ordered by the medical prescriber

    **ANY EXCEPTIONS TO THE ABOVE MUST BE IDENTIFIED AND ORDERED BY THE MEDICAL PRESCRIBER.**

16. **Calls 911 if Seizure rescue medication is administered (examples: Nayzilam (Midazolam), Diastat or Valtoco (Diazepam), etc.**

17. Does not offer food or drink or leave the person alone until fully alert and returned to baseline.

18. Administers First Aid for any injuries that has occurred (cuts, bumps, etc.)

**D. Focal Impaired Awareness (formerly, Partial Complex or Psychomotor Seizure)**

**Staff/Foster Parent/First Responder**

1. Begins timing the seizure
2. Does not try to restrain the person.
3. Alerts other staff calmly.
4. Removes harmful objects or coaxes person away from them.
5. Does not agitate the person.
6. Cautiously approaches the person, when alone, particularly if he / she appears angry or aggressive.
7. Does not leave person alone until fully alert and returned to baseline.

**E. Generalized Absence (formerly, Absence Seizures) or Other Seizure Types**

**Staff/Foster Parent**

1. Begins timing the seizure
2. Protects person from injury by removing dangerous objects.

**F. Documentation**

**Staff**

1. Completes SCCCMHA Report of Seizure Form (#047) in all cases with the exception of those designated by individual neurologist.
2. Documents monthly total seizure activity on Historical Seizure Report Form (#0047B) (optional).
3. Maintains Report of Seizure Form (#0047) in the individual's record. Provides physician with copy, upon request.
4. Completes an Incident Report Form (#0057) in the case of injury, Status Epilepticus, Emergency Medical Treatment, or any other event that would trigger an incident report to be completed.
5. Completes an Emergency Event Form (#0910) in the case of a seizure requiring ER treatment (SCCCMHA staff/sites only).
6. If the individual self-reports seizure activity, follows instructions in Procedures D.

**Primary Caseholder**

7. In the event of a first time seizure or seizure resulting in ER care, telephones and reports event to the person's emergency contact.

VI. REFERENCES:

A. Best Practices for Seizure Management In the Emergency Department
By ACEP Now | on January 1, 2011
https://www.acepnow.com/article/best-practices-seizure-management-emergency-department/?singlepage=1

B. New Terms for Seizure Classification
https://www.epilepsy.com/learn/types-seizures/new-terms-seizure-classification

VII. EXHIBITS:

A. International Classification of Seizures

VIII. REVISION HISTORY:

Dates Issued 05/88, 05/90, 06/92, 10/94, 09/97, 08/99, 09/01, 09/03, 08/05, 08/07, 08/09, 08/11, 01/13, 01/14, 01/15, 01/16, 01/17, 01/18, 01/20, 01/21.

Exhibit A

# INTERNATIONAL CLASSIFICATION OF SEIZURES

I. Partial Seizures: Begin in localized area of the brain.

A. Partial Simple: No change in level of consciousness. May have:
1) Motor symptoms - clonic or tonic movement face, arm, leg.
2) Autonomic symptoms - rapid HR, nausea, sweating, flushed, dilated pupils, etc.
3) Somatosensory - numbness, tingling of arm, face or leg.
4) Special sensory symptoms - visual, auditory, gustatory hallucinations or vertiginous
5) Sensation - any combination of above symptoms.

B. Partial Complex: Consciousness is usually impaired. Most often arises from temporal or fronto-temporal lobe. Person may or may not be amnesic for spell. May be brief post-ictal period of confusion. May have:
1) Impaired consciousness as only symptom.
2) Cognitive symptoms - forced thinking, deja vu, feeling as if in dreamy state, etc.
3) Affective symptoms - sensation of intense fear, displeasure, pleasure, anxiety, etc.
4) Psychosensory symptoms - hallucinations, illusions, micropsia, macropsia.
5) Psychomotor symptoms - often called temporal lobe or psychomotor seizures automatisms (repetitive, purposeless behavior) such as picking at clothes, shuffling paper, chewing, lip smacking, are common.
6) Any combination of the above symptoms.

C. Partial Seizures secondarily generalized -- Partial simple or partial complex seizures may spread to become generalized seizures.

II. Generalized Seizures: Bilateral cerebral discharge with impairment of consciousness at the onset. No aura.

A. Generalized Absence Seizures (Petit Mal):
1) Simple Absence - Brief (10-30 sec.), blank stare with impaired consciousness. May have eye-fluttering. No postictal.
2) Complex Absence - Same as simple absence but may also have clonic movements of face, extremities, loss of body tone, automatisms.

B. Generalized Tonic-Clonic Seizures (Grand Mal): Loss of consciousness at onset followed by rigidity (tonic phase). Following tonic phase, patient begins bilateral rhythmic jerking of the extremities (clonic phase). Length of postictal periods varies from minutes to hours. During seizure, patient may bit tongue, become incontinent of urine or stool, have increased saliva, dilated pupils, etc.

C. Tonic Seizures - Bilateral rigidity of extremities with arching of the spine.

D. Clonic Seizures - Repeated rhythmic jerking of extremities bilaterally.

E. Myoclonic Seizures - Sudden, brief involuntary movements/jerks of the extremities and trunk.

F. Atonic Seizures - Sudden loss of body tone resulting in a fall.

III. Unilateral Seizures - involve one hemisphere of the brain.

IV. Unclassified Seizures - Insufficient data to classify seizure type.