

**SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

CLINICAL PROCEDURE

**NUMBER: DC1079**

**NAME: SEIZURE RECORDING PROCEDURE**

INITIAL APPROVAL DATE:	10/31/1995	BY: Administrative Committee
(LAST) REVISION DATE:	10/20/2022	BY: Policy Committee
(LAST) REVIEW DATE:	10/19/2023	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

**I. PURPOSE**

To establish a procedure outlining the documentation required by staff who witness an individual receiving services having a seizure.

**II. APPLICATION**

Populations: All  
Programs: Direct: All  
Contract: All specialized residential and skill building programs

**III. POLICY**

It is the policy of Sanilac CMH that all staff, specialized residential providers, and skill building programs will properly document seizure activity.

**IV. DEFINITIONS**

**V. STANDARDS**

1. A Seizure Record (Form #0056) will be completed for each seizure witnessed by staff. Staff will document date, time, behavior, symptoms noticed, comments, and initials. Treating physician orders are to be followed at all times. Attached are general guidelines for providing care through a seizure.
2. Copies of the Seizure Record (Form #0056) reports will be distributed as follows:
  - One copy to the Sanilac CMH clinical record
  - One copy to the person’s place of residence
  - One copy to the Program Supervisor
3. Any increase or change in seizure activity will be reported immediately to the appropriate nurse or home, guardian, and doctor when applicable via a verbal or written report or note. Individuals receiving emergency medications (per physician’s order) at the skill building program for seizure control must be monitored and an IR completed to document procedures performed.

**VI. ATTACHMENTS**

Seizure Guidelines

**VII. REFERENCES**

Seizure Record – Form #0056

## SEIZURE GUIDELINES

### CARE OF INDIVIDUAL DURING SEIZURE EPISODE

- A. Keep calm. Let the seizure run its course.
- B. Try to prevent the person from striking their head or body against any hard, sharp, or hot objects, but do not interfere with body movements. Care provider may guide or cushion areas to prevent bodily injury.
- C. Turn the person on their side, if possible, to aid in clearance of airway.
- D. Do not restrain or revive.
- E. Do not force anything between the person's teeth.
- F. Place something soft, such as a rolled-up coat or sweater, underneath their head.
- G. Observe seizure activity carefully.
- H. Do not leave the person unattended.
- I. When jerking stops, turn the person's face to side and make sure his/her breathing is not obstructed. Loosen tight clothing.
- J. On very few occasions when a person seems to go from one seizure to another without regaining a conscious state or if seizure lasts longer than 5 minutes, call 911. The condition may be status epileptics and can be a life-threatening situation.
- K. When the person regains consciousness, let him/her rest as desired.
- L. Fill out the seizure record carefully.
- M. Provide reassurance to the person.
- N. THIS IS A GENERAL GUIDELINE. Care provider must discuss plans and care of seizures with the treating physician and be prepared to intervene as prescribed.

Attachment to Procedure DC1079