**Seizure Disorders** (Please delete or add any nursing diagnosis, interventions or outcomes that you feel are appropriate for your student).

|  |  |  |
| --- | --- | --- |
| **Nursing Diagnosis***Include those that apply based on the nursing assessment* | **Nursing Interventions***Include those that are achievable in your school district* | **Client Outcomes***Include those that are tangible goals for the student in question* |
| 1. **Risk for injury**

Risk Factors🡪 uncontrolled movements during seizure, falls, drowsiness caused by anticonvulsants | * Instruct school staff on the correct positioning and strategies to take to prevent injuries
* Position the student to prevent injury
* Administer emergency medications as directed
* Monitor vital signs
 | Student will remain free of injuries; school staff will be able to utilize methods to prevent injuries and administer emergency medications as needed. |
| 1. **Risk of Aspiration**

Risk Factors🡪 impaired swallowing, excessive secretions | * Position the student on their side after seizure activity
* Monitor the student’s airway *by assessing respiratory rate, depth, and effort.*
* Note any signs of aspiration such as dyspnea, cough, cyanosis, wheezing, hoarseness or fever.
* Auscultate lung sounds
* Take vital signs as appropriate
* If client needs to be fed, then feed slowly and allow adequate time for chewing and swallowing.
* Note any presence of nausea, vomiting or diarrhea.
* Encourage oral care including brushing of teeth at least two times per day.
 | Student will maintain patent airway and clear lungs sounds; student will be able to swallow and digest oral, nasogastric, or gastric feeding without aspiration. |
| 1. **Risk for ineffective**

**airway clearance** Risk Factor🡪 accumulation of secretions during seizure | * Auscultate breath sounds
* Monitor respiratory patterns, including rate, depth, and effort when abnormalities are expected
* Monitor pulse oxygen saturation levels if pulse oximeter is available
* Position the student to optimize respiration
* Help the student breathe deep and perform controlled coughing, if appropriate, after an episode.
* Administer medications as needed
 | Student will demonstrate effective coughing and clear breath sounds; student will maintain a patent airway at all times; student will be able to explain methods useful to enhance secretion removal; student will be able to explain the significance of changes in sputum to include color, character, amount, and odor; identify and avoid specific factors that inhibit effective airway clearance; student will be able to report changes in airway clearance to the school nurse. |
| 1. **Risk for falls**

Risk Factor🡪 possible seizure | * Screen at-risk students for balance and mobility skills
* Determine whether the student's medication increases the risk of falling. (Consult with physician regarding the student’s medication if appropriate)
* Thoroughly orient the student to the schoolenvironment
* If the student has a change in mental status, recognize that the cause is usually physiological and is a medical emergency. Consider possible causes for delirium. Consult with physician or healthcare provider immediately
 | Student will be able to remain free of falls, if possible, change environment to minimize the incidence of falls, school staff will explain methods to prevent injury. |
| 1. **Impaired Memory**

**related to seizure activity** | * Monitor vital signs.
* Monitor orientation to person, place and time.
* Assess overall cognitive function and memory. The emphasis of the assessment should be everyday memory, the day to day operations of memory in real-word ordinary situations.
* Assess for memory complaints because memory loss may be the earliest manifestation of mild cognitive impairment
* Determine whether onset of memory loss is gradual or sudden. If memory loss is sudden refer the client to a physician or neuropsychologist for evaluation
* Note the client’s current medication and intake of any mind altering substances.
* Note the client’s current stress level. Ask if there has been a recent traumatic event.
* Encourage the client to develop an aerobic exercise program
* Determine the clients sleep patterns
* Determine the clients blood sugar levels
* If signs of depression such as weight loss, insomnia, or sad affect are evident then refer the client for psychotherapy
* Perform a nutritional assessment
* Encourage the client use external memory devices
* If safety is an issue with certain activities, suggest alternatives.
 | Student will demonstrate use of techniques to help with memory loss; student will demonstrate improved memory for everyday concerns. |
| 1. **Social isolation**

Risk factors🡪 unpredictability of seizures, community imposed stigma | * Establish a therapeutic relationship by being emotionally present and authentic
* Observe for barriers to social interaction
* Note risk factors
* Discuss/assess causes of perceived or actual isolation
* Establish trust one on one then gradually introduce the student to others.
* Allow the student opportunities to introduce issues and to describe his or her daily life.
* Promote social interactions. Support expression of feelings.
* Involve students in writing specific outcomes such as identifying what is most important from their viewpoint and lifestyle.
* Help the student identify appropriate diversional activities to encourage socialization.
* Identify available support systems and involved these individuals in the student’s care
* Refer student and family to support groups, when appropriate
* Help the student identify role models and encourage interactions with others with similar interests
 | Student will be able to identify feelings of isolation; student will be able to practice social and communication skills needed to interact with others; student will be able to initiate interactions with others, set and meet goals; student will be able to participate in activities and programs at level of ability and desire; student will be able to describe feelings of self-worth. |
| 1. **Ineffective Health**

**Maintenance** Definition: lack of knowledge regarding anticonvulsive therapy, fever reduction and/or febrile seizures | * Assess the student’s feelings, values, and reasons for not following the prescribed plan of care, if applicable.
* Assess for family patterns, economic issues, and cultural patterns that influence compliance with a given medical regimen.
* Help the student choose a healthy lifestyle and to have appropriate diagnostic evaluations and follow up
* Assist the student in reducing stress
* Help the student and/or family determine how to manage complex medication schedules
* Refer the student and/or family to appropriate services, as needed
* Identify support groups for student and family related to the disease process
 | Student/family will be able to discuss fear of or blocks to implementing health regimen; student/family will be able to follow mutually agreed on health care maintenance plan; student will meet goals for healthcare maintenance so he/she can fully participate and be successful in school. |
| 1. **Ineffective self-health**

**management (for older children and adolescence)** | * Establish a collaborative partnership with the student and/or family for purposes of meeting health-related goals
* Listen to the student’s story about his or her illness self-management
* Explore the meaning of the student’s illness experience and identify uncertainties and needs through open-ended questions
* Help the student enhance self-efficacy or confidence in his or her own ability to manage the illness
* Involve family members in knowledge development, planning for self-management, and shared decision making
* Use various formats to provide information about the therapeutic regimen to the student and family when necessary
* Help the student to identify and modify barriers to effective self-management.
* Help the student self-manage his or her own health through teaching about self-management strategies
* Help the student maintain consistency in therapeutic regimen management for optimal results
 | Student/family will be able to describe scheduling of medications that meets therapeutic goals; student will be able to verbalize ability to manage therapeutic regimens; student will be able to collaborate with health providers to decide on a therapeutic regimen that is congruent with their health goals and lifestyle. |
| 1. **Risk for delayed**

**development and disproportionate growth**Risk Factors🡪 effects of seizure disorder, parental overprotection | * Consider use of a screening tool to determine risk or actual deviations in normal development.
* Regularly compare height and weight measurements for the child or adolescent with established age-appropriate norms and previous measurements, if applicable
* Recommend normal sleep and wake times for students to promote growth and development
* Encourage parents to take student for routine health visits to the family physician or pediatrician.
* Assess whether parents may benefit from social support groups, parenting classes, or online support groups.
 | Family will be able to describe realistic, age-appropriate patterns of growth and development; Student will participate in activities and interactions that support age-related developmental tasks; student will display consistent, sustained achievement of age-appropriate behaviors and/or motor skills; achieve realistic developmental and/or growth milestones based on existing abilities, extent off disability, and functional age; attain study gains in growth patterns. |