Seizure Nursing Care Plan

Patient information	
Patient name:John Stevens	Age:34
Gender:Male	Date of birth:January 15, 1989
Medical history:	
History of epilepsy diagnosed at age 12, well-controlled with medication until recently. No known allergies. Comorbid conditions include Type 2 diabetes and hypertension.	

Assessment	
Subjective	**Objective**
Patient reports experiencing increased seizure frequency over the past two weeks, with three episodes occurring within the last week. Describes pre-seizure aura as "a feeling of deja vu" and "tingling sensation in the right arm." Reports feeling fatigued and confused post-seizure.	Observed generalized tonic-clonic seizures lasting 2-3 minutes. Vital signs post-seizure: BP 140/90, HR 98 bpm, RR 18 bpm, SpO2 96% on room air. Blood glucose level post-seizure: 180 mg/dL. Neurological exam shows no focal deficits.

Nursing diagnosis
Risk for Injury related to seizure activity and postictal confusion. Acute Pain related to muscle soreness post-seizure activity. Risk for Ineffective Airway Clearance related to impaired swallowing and potential aspiration during seizure episodes.

Goals and outcomes	
Long-term	**Short-term**
Patient will have a seizure-free period of at least one month.	Patient will remain free from injury during the hospital stay.

Long-term	Short-term
Patient will demonstrate understanding of seizure triggers and management strategies by discharge.	Patient will report a pain level of less than 3 on a 0-10 scale within 24 hours post-seizure.

Nursing interventions

1. Seizure Precautions: Keep the bed in the lowest position, pad side rails, and keep suction equipment available at the bedside.
2. Administer Prescribed Antiepileptic Medication (Levetiracetam 500 mg BID).
3. Monitor Neurological Status and Vital Signs post-seizure every 15 minutes for the first hour.
4. Educate Patient and Family on Seizure Management and Safety Measures: Include instructions on identifying triggers, medication adherence, and what to do during a seizure.

Rationale

1. To prevent injury during seizure activity and maintain airway patency.
2. To control and prevent seizure activity by maintaining therapeutic drug levels.
3. To detect any post-seizure complications such as decreased level of consciousness or prolonged postictal state.
4. To empower the patient and family with knowledge to manage the condition and reduce anxiety related to seizure episodes.

Evaluation

Patient remained free from injury during the hospital stay.
Pain level reported as 2 on a 0-10 scale 24 hours post-seizure.
No seizure activity observed for three days. The patient verbalized understanding of seizure management and trigger avoidance.

Additional notes
Consider a neurology referral for further evaluation of increased seizure frequency. Possible adjustment of medication dosage or addition of a new antiepileptic drug may be necessary.

Nurse’s information
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