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

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| **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. |