

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

Nursing Diagnosis <i>Include those that apply based on the nursing assessment</i>	Nursing Interventions <i>Include those that are achievable in your school district</i>	Client Outcomes <i>Include those that are tangible goals for the student in question</i>
1) Risk for injury Risk Factors→ uncontrolled movements during seizure, falls, drowsiness caused by anticonvulsants	<ul style="list-style-type: none"> • 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.
2) Risk of Aspiration Risk Factors→ impaired swallowing, excessive secretions	<ul style="list-style-type: none"> • Position the student on their side after seizure activity • Monitor the student’s airway <i>by assessing respiratory rate, depth, and effort.</i> • 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.
3) Risk for ineffective airway clearance Risk Factor→ accumulation of secretions during seizure	<ul style="list-style-type: none"> • 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 	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

	<ul style="list-style-type: none"> • Position the student to optimize respiration • Help the student breathe deep and perform controlled coughing, if appropriate, after an episode. • Administer medications as needed 	<p>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.</p>
<p>4) Risk for falls Risk Factor→ possible seizure</p>	<ul style="list-style-type: none"> • 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 school environment • 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 	<p>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.</p>
<p>5) Impaired Memory related to seizure activity</p>	<ul style="list-style-type: none"> • 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 	<p>Student will demonstrate use of techniques to help with memory loss; student will demonstrate improved memory for everyday concerns.</p>

	<ul style="list-style-type: none"> • 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. 	
<p>6) Social isolation Risk factors→ unpredictability of seizures, community imposed stigma</p>	<ul style="list-style-type: none"> • 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. 	<p>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.</p>

	<ul style="list-style-type: none"> • 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 	
<p>7) Ineffective Health Maintenance Definition: lack of knowledge regarding anticonvulsive therapy, fever reduction and/or febrile seizures</p>	<ul style="list-style-type: none"> • 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 	<p>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.</p>
<p>8) Ineffective self-health management (for older children and adolescence)</p>	<ul style="list-style-type: none"> • 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 	<p>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.</p>

	<ul style="list-style-type: none"> • 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 	
<p>9) Risk for delayed development and disproportionate growth Risk Factors→ effects of seizure disorder, parental overprotection</p>	<ul style="list-style-type: none"> • 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. 	<p>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 of disability, and functional age; attain study gains in growth patterns.</p>