California Correctional Health Care Services
Institution: _____   **Encounter Form: Seizure**

Name: _____ CDCR#_____ DOB_____ Date/Time_____

SUBJECTIVE:

Chief Complaint: _____
   Time: _____ ❑ patient found ❑ of onset
Circumstances surrounding seizure:
Seizure activity: Started (time): _____ Ended (time): _____
   ❑ Info from witness (name; description of event): _____
   _____
   _____
   ❑ Info from patient: _____
   _____
   _____
   _____
Pain: Scale of 0-10 (0=no pain 10=worst pain) _____
   Area of pain: _____
   What makes it better or worse? _____
History of: ❑ Missed seizure medication ❑ Head trauma ❑ ETOH abuse ❑ Diabetes
Current medications (including last dose taken) if patient is receiving anticonvulsant or diabetic medication: _____
_____
Chronic illnesses: _____
_____
Allergies: _____

OBJECTIVE:

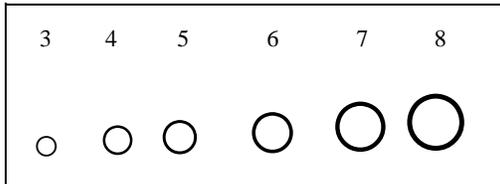❑ ABCs (airway, breathing, and circulation) present
Vital Signs

Time	BP	Pulse	Resp.	O2 Sat.

Pupil Size

3	4	5	6	7	8

Time	Circle and describe
	PERL Abnormal _____
	PERL Abnormal _____
	PERL Abnormal _____
	PERL Abnormal _____

Glasgow Coma Scale (GCS)

Parameter	Finding	Score
Eye Opening	Spontaneously	4
	To speech	3
	To pain	2
	Do not open	1
Best Verbal Response	Oriented	5
	Confused	4
	Inappropriate speech	3
	Unintelligible speech	2
	No verbalization	1
Best Motor Response	Obeys command	6
	Localized pain	5
	Withdraws from pain	4
	Abnormal flexion	3
	Abnormal extension	2
	No motor response	1
Interpretation: best = 15; worst = 3		

Glasgow Coma Scale				
Time				
Eye Opening				
Best Verbal Response				
Best Motor Response				
Glasgow Coma Score				
Oriented to time, person, place, situation	Y N	Y N	Y N	Y N

Observe, describe, and document the following:
   ❑ Cyanosis ❑ Apnea ❑ Abnormal eye movements
   ❑ Lip smacking ❑ Swallowing ❑ Chewing
   ❑ Profuse salivation ❑ Tonic/clonic movements
   ❑ Injury to mouth or limbs ❑ Urinary incontinence
   ❑ Stool incontinence

Fingerstick blood glucose: (time/results) _____

ASSESSMENT:

❑ Risk for injury related to/evidenced by: _____
_____
❑ Risk for aspiration related to/evidenced by:_____
_____
❑ Alteration in tissue perfusion, cerebral, related to/ evidenced by:_____
_____

_____
Signature / Title

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Fill in the blanks and check all that apply

PLAN:

Primary Care Provider (PCP) referral completed: (circle)
NO / YES If yes:
❑ **STAT** (Status epilepticus)   ❑ Urgent   ❑ Routine
PCP called (name / time) _____
PCP responded (time) _____

ACUTE SEIZURE ACTIVITY
❑ Assess ABC. Use oral or nasopharyngeal airway if indicated.
❑ Loosen clothing around neck.
❑ Place patient in left lateral decubitus position to prevent aspiration. Suction any vomitus or excessive saliva from mouth.
❑ Place on pulse oximeter and administer supplemental oxygen at 2-6L/minute via nasal cannula to maintain oxygen saturation above 92%.
❑ Move potentially dangerous items away from the patient. Avoid restraining patient or forcing anything through clenched teeth.
Record the following:
   ❑ Duration of seizure activity;
   ❑ Type of seizure;
   ❑ Whether the patient lost consciousness and how long he/she remained unconscious;
   ❑ All behaviors observed during the seizure; and
   ❑ Level of consciousness after the seizure.
❑ Remain with the patient until vital signs are stable and seizure activity ends.
❑ Transfer the patient to the triage and treatment area.
❑ Venous blood sample drawn for blood glucose, AED drug level, CBC and chem. panel (specify) _____
_____
❑ Notify the PCP.
❑ If signs of injury are present, call the Medical Provider On-Call when after-hours for further direction.

STATUS EPILEPTICUS
❑ Assess ABC. Use oral or nasopharyngeal airway if indicated.
❑ Loosen clothing around neck.
❑ Place patient in left lateral decubitus position to prevent aspiration. Suction any vomitus or excessive saliva from mouth.
❑ Place on pulse oximeter and administer supplemental oxygen at 2-6L/minute via nasal cannula to maintain oxygen saturation above 92%.
❑ Move potentially dangerous items away from the patient. Avoid restraining patient or forcing anything through clenched teeth.

Record the following:
   ❑ Duration of seizure activity_____
   ❑ Type of seizure_____
   ❑ Whether the patient lost consciousness and how long he/she remained unconscious_____
   ❑ All behaviors observed during the seizure
       _____
   ❑ Level of consciousness after the seizure_____
❑ Notify the PCP STAT
❑ Start 2 IVs (start with one, place second when time permits) , infuse Sodium Chloride Intravenous Solution (0.9%) at TKO started at (time) _____/_____ in (location) _____/_____ using (needle) ____/____
Administer:
   ❑ Lorazepam 2mg IV push over 1 minute (give slowly not greater than 2mg per min)
   ❑ Wait 1 minute for response, if seizure activity continues, administer an additional 2mg Lorazepam IV push over 1 minute.
   ❑ Wait 5-10 minutes, if seizure activity continues contact the PCP for additional orders (2 additional doses of 2mg Lorazepam IVP over 1 minute, 1 minute apart).
   1st Dose: (time started/site) _____
   2nd Dose: (time started/site) _____
If hypoglycemic or blood glucose level not available, administer: FSBS: _____
   ❑ 50ml of 50% Dextrose IV push over 2 minutes started at (time) _____
   ❑ Thiamine 100 mg IV
   Fingerstick after medication: (time) _____
❑ Draw venous sample for blood glucose, AED drug level (with clear clinical indications), CBC, and chem. panel
❑ Monitor respiration and pulse every five minutes until stable, then every 15 minutes.
❑ Prepare to transfer patient to outside facility or admit to a facility capable of providing a higher level of care as indicated.
❑ Fax a copy of the relevant progress notes, physician orders, and emergency care flow sheet to receiving facility.
❑ Remain with the patient until vital signs are stable and seizure activity ends.

_____
Signature / Title

ENCOUNTER FORM: SEIZURES   **6/12/2017**

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California Correctional Health Care Services
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Fill in the blanks and check all that apply

EDUCATION:

❑ Assess the patient's potential for understanding the health information to be provided.

❑ Provide patient education consistent with the assessment of the condition.

❑ Document the education provided and the patient's level of understanding in the health record.

❑ Refer patient to other resources as needed. Document all referrals in the health record.

❑ Advise the patient to notify staff immediately in order to access medical care if symptoms recur.

Patient instructed in:

   ❑ Use of medication

   ❑ Use of alcohol and/or drugs

   ❑ Blood glucose monitoring

   ❑ Importance of keeping scheduled appointments

   ❑ Other: _____

_____

❑ Advise the patient to resubmit a CDC 7362, Health Care Services Request Form if he/she has questions regarding medications, side effects, or treatment plans or:_____

_____
_____

❑ Education deferred due to patient's condition

DISPOSITION

Time released: _____

Condition on release: _____

❑ Returned to housing unit

❑ Housing reassignment to: _____

❑ Referred for follow-up

   ❑ PCP clinic   ❑ RN clinic

❑ Referred to higher level of care: (specify) _____

_____

   Person/time contacted: _____

❑ Records faxed to facility

   Time/Mode of transfer: _____

   ERV contacted (time) _____

   ERV arrived (time) _____

Name of RN Protocol(s) used _____

_____

Additional Comments: _____

_____
_____
_____
_____
_____
_____

_____
Signature / Title

1. Disability Code:	2. Accommodation:	3. Effective Communication:
☐ TABE score ≤ 4.0	☐ Additional time	☐ P/I asked questions
☐ DPH ☐ DPV ☐ LD	☐ Equipment ☐ SLI	☐ P/I summed information
☐ DPS ☐ DNH	☐ Louder ☐ Slower	**Please check one:**
☐ DNS ☐ DDP	☐ Basic ☐ Transcribe	☐ Not reached* ☐ Reached
☐ Not Applicable	☐ Other*	*See chrono/notes
4. Comments:		

ENCOUNTER FORM: SEIZURES   **6/12/2017**