

<p>Step 1 Description</p> <p>I was in the pt's room about to do my assessment. I asked the pt if it was okay if I did a quick assessment on them real quick. Suddenly, the pt was not responding to me. The pt had family in the room and the family asked the pt if it was okay if I performed an assessment on them. The pt still didn't answer. The pt has a hx of focal complex seizures, and upon taking a closer look the pt seemed as if in a daydream, blinking, and had lip smacking. It was then that I realized my pt was having a seizure. I remembered what we learned in lecture; to note what the pt is doing and how long the seizure lasts. It lasted about a minute, then I ran out into the hall to notify the RN that a seizure just happened. I grabbed the vital signs machine and ran back into the pt's room. I started vital signs immediately, and read them off to the EMU advisor.</p>	<p>Step 4 Analysis</p> <p>The situation presented itself suddenly to me because I honestly didn't expect to see any of my pt's to have seizures. I am very grateful for the lecture we just recently had over seizures or else I would've never known what to do. Growing up I never knew anyone that had seizures. With the lecture it was hard to keep all the different kind of seizures separate in the sense of how each seizure type presents itself. Therefore, I can now apply this situation and my knowledge from lecture together. This situation presented a more clear way of interpreting different types of seizures. This pt is diagnosed with epilepsy and cerebral palsy therefore I can make sense of why this is happening to them. The two diagnoses most likely go hand in hand. Hearing the family member's perspective helped put things into perspective for me as well.</p>
<p>Step 2 Feelings</p> <p>In the beginning, I didn't think anything of it. It appeared that the pt was just watching the tv and tuning me out. Once the family member asked the pt if it was okay if I did an assessment and the pt didn't answer, then the family member looked at me and said "This isn't normal." I immediately felt a panic inside of me once I realized the pt was having a seizure. I stayed calm on the outside, but was freaking out on the inside. I felt panic because I was alone in there without the RN. I would say that I handled it pretty well though. I felt confident in my knowledge I learned in lecture about watching the pt and timing the seizure. I felt confident in taking the post-ictal vital signs, and reading them off to EMU. I would say the most important emotion I felt was confidence because it's important to realize I do know what to do in emergent times!</p>	<p>Step 5 Conclusion</p> <p>I could've made the situation better by recognizing faster that my pt was having a seizure, but from that experience I know I'll be able to recognize another focal complex seizure much faster. For this situation to have gone better, there should've been a vital signs machine in the pt's room. I felt like I wasted some time while I was trying to locate a vital signs machine. I also could've pressed the pt's call light for the RN to come into the room while the seizure was occurring, but that didn't occur to me during the episode. However, I notified the RN after the seizure had ended, but the RN didn't follow me back into the room. I figured the RN would come back into the room with me, so I was a little thrown off by that. Since the RN didn't come into the room I just asked the EMU if they needed me to get the vital signs.</p>
<p>Step 3 Evaluation</p> <p>I feel as if I handled the event very well. I'm glad the family member was in there when it happened because she was able to confirm the pt wasn't acting normal. I would say the most difficult part was deciding whether to run and grab a RN real quick while the seizure was happening or just wait it out and get the RN after the fact. Looking back, I think I did the right thing because I ask myself "What if something happened to the pt while they were seizing if I were to have go grabbed a nurse?" I could've been putting my pt in potential danger. This was my first pt to interact with that has seizures, so this was a first time experience. I was surprised by the post-ictal phase the most because of the behavioral change that happened in those short few minutes. Before the seizure, the pt was super sweet. During the post-ictal phase the pt was very agitated and did not want to be touched.</p>	<p>Step 6 Action Plan</p> <p>I feel confident now in the fact of what to do if a pt starts seizing. First and foremost I need to keep my pt safe from harming themselves. Then if I was just a student, I would press the call light to notify the RN that the pt is having a seizure to see if they wanted to come into the room. I would take note of the pt's actions and the time of the seizure. Then take post-ictal vitals. So there's just a few things I would change if it were to happen again. I will use this experience to further my practice by noting what happened and how I can improve upon it next time such as recognizing it sooner. I would say this was the first time something happened to one of my pt's while the RN wasn't in the room with me, and so this experience taught me that I need to be confident in myself and my abilities because I do know what to do and I don't need to second guess myself!</p>