

Medications
<ul style="list-style-type: none"> <li>• Keppra/levetiracetam:               <ul style="list-style-type: none"> <li>○ 300 mg, IV push, every 12 hours</li> <li>○ Pharmacologic class: Pyrrolidine derivative</li> <li>○ To help treat and prevent seizures</li> <li>○ Key nursing assessments: do not administer the injection undiluted via the IV site, assess and document any signs of seizure activity (<i>Nurse's drug handbook, 2020</i>)</li> </ul> </li> <li>• Ativan/lorazepam               <ul style="list-style-type: none"> <li>○ 2mg, IV push on call for seizures lasting more than 3 minutes</li> <li>○ Pharmacological class: Benzodiazepine</li> <li>○ This medication is on call for seizures lasting more than 3 minutes</li> <li>○ Key nursing assessments: Make sure the seizure is 3 minutes or longer, give no more than 2mg/min, dilute the lorazepam with equal amount of D5W Sterile water (<i>Nurse's drug handbook, 2020</i>)</li> </ul> </li> </ul>

Demographic Data	
<p><b>Admitting diagnosis:</b> Status Epilepticus</p> <p><b>Age of client:</b> 4 years</p> <p><b>Sex:</b> Female</p> <p><b>Weight in kgs:</b> 19.3 kg</p>	<p><b>Psychosocial Developmental Stage:</b> Autonomy vs. Shame and Doubts</p> <p><b>Cognitive Development Stage:</b> Preoperational Stage</p>

Admission History
<p>Patient was seen at her primary care physician earlier in the day for fever and body aches. She was discharged back to home. Grandmother gave Tylenol to help fever. Patient had a seizure at home and continued into the ER lasting approximately an hour. Patient received Ativan, Keppra, Tylenol RS, and IV bolus to reverse seizure.</p>

Pathophysiology
<p><b>Disease process:</b> Status epilepticus results when the inhibitory and excitatory impulses become abruptly imbalanced (Capriotti, 2020). The imbalance occurs in the region of cortical neurons in favor of sudden hyperexcitability. There are two types of seizures such as focal and generalized seizures. Focal seizures arise from the neural area localized on one cerebral hemisphere, and generalized seizures are both hemispheres (Capriotti, 2020). There are high-frequency bursts and hyper synchronization. The bursting action is caused by the prolonged depolarization of the neural membrane, resulting in an influx of extracellular C++ (Capriotti, 2020). The influx opens the Na+ and generation of repetitive actions. The Na+ is followed by hyperpolarization of GABA receptors or K+ channels depending on the cell. These can be seen on an EEG (Capriotti, 2020).</p> <p><b>S/S of disease:</b> rhythmical jerking, the muscle can become weak or limp, brief muscle twitching, repeated flexion, and extension, unaware the seizure is happening, staring spells (Capriotti, 2020).</p> <p><b>Method of Diagnosis:</b> Status epilepticus is diagnosed by having a seizure that is longer than 30 minutes long (Capriotti, 2020).</p> <p><b>Treatment of disease:</b> My patient's treatment of epilepsy was using an antiepileptic drug, such as Keppra. Keppra is to prevent further seizures from occurring.</p>

### Relevant Lab Values/Diagnostics

EEG us abnormal continuous left hemisphere slowing was observed. Beta artifact was recorded. Rare shape transitions were seen over left central region at C3. No definite epileptiform discharges or seizures were recorded. They are of unknown clinical significance. No sleep was recorded. No seizures or events recorded. No relevant labs N/A.

### Medical History

**Previous Medical History:** History of abuse in childhood, murmur, stroke, traumatic brain injury

**Prior Hospitalizations:** March 30, 2020- patient was hospitalized for a traumatic subdural hemorrhage with loss of consciousness for more than 24 hours

**Chronic Medical Issues:** hemiparesis due to old head trauma

**Social needs:** Speech therapy and occupational therapy

### Active Orders

Patient receives Keppra every 12 hours to prevent seizures. Patient has Ativan ordered in case of a seizure that lasts over 3 minutes long. Patient has a HOB ordered because if the patient had a seizure they could roll over and suffocate themselves. Patient had an I and O order to help make sure the patient is eating, defecating, and urinating properly. Patient has a skin protocol order due to being inactive for a couple of days. Just today was she up and moving.

**Assessment**

General	Integument	HEENT	Cardiovascular	Respiratory	Genitourinary	Gastrointestinal	Musculoskeletal	Neurological	Most recent VS (highlight if abnormal)	Pain and Pain Scale Used
Patient is alert and oriented x3. Patient was not in distress. Appearance was clean and well taking care of.	Patients skin color was usual for ethnicity. Skin was dry, warm, and clean. Skin turgor was elastic.	Patient's head was symmetric. Patient could move their head both ways symmetrically. Trachea was midline and no swollen lymph nodes. Ears: symmetric bilaterally Mouth and teeth: membranes were pink and moist, and teeth were clean no decay. Nose: No discharge and septum is midline.	Heart sounds: S1S2. Pulses: 3+ normal in upper and lower extremities bilaterally. Cap refill: less than 3 seconds on upper and lower extremities bilaterally. Edema: 0 in upper and lower extremities bilaterally.	Respiration s: regular and unlabored Respiratory pattern: regular Breath sounds: clear in upper and lower lobes bilaterally and right middle lobe. Lung aeration: equal bilaterally	Color: yellow Characteristic: Clear No pain with urination.	Patient is passing solid stool last bowel movement 10/1/2021. Bowel sounds are active in all four quadrants, No pain, distention, wounds, or drains on abdomen. Current diet is regular. Weight is 19.3 kg.	Nail beds are pink. Extremities are warm and normal for ethnicity. ROM: active Patient does have deficit on her right side due to past stroke and traumatic brain injury. She does have a brace to help with walking that goes on her leg up to her knee. Strength on left side 5 for upper and lower extremities and strength 4	Patient is A&O x3. Normal cognition, speech is slightly slurred. LOC- alert and awake and answers questions appropriately.	<b>Time:</b> 0830  <b>Temperature:</b> 36.3 <b>Route:</b> Axillary <b>RR:</b> 25 <b>HR:</b> 116 <b>BP and MAP:</b> 96/70-79 <b>Oxygen saturation:</b> 96 <b>Oxygen needs:</b> Room Air	0- rFLACC

							on right side lower and upper extremities.			
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<p align="center"><b>Nursing Diagnosis 1</b></p> <p>Potential for oral, musculoskeletal, airway, and cardiac compromise related to status epilepticus evidenced by seizure lasting approximately one hour.</p>	<p align="center"><b>Nursing Diagnosis 2</b></p> <p>Risk for trauma or suffocation related to approximately hour-long seizure as evidenced by loss of consciousness and movements.</p>	<p align="center"><b>Nursing Diagnosis 3</b></p> <p>Risk for injury related to hour long seizure as evidenced by right sided weakness of the right leg and right arm due to past stroke.</p>
<p align="center"><b>Rationale</b></p> <p>I chose this nursing diagnosis because the child presented to the ED with a seizure that lasted approximately one hour (Swearingen &amp; Wright, 2019).</p>	<p align="center"><b>Rationale</b></p> <p>I chose this nursing diagnosis because the child had a seizure and cannot recall what happened (Vera, 2020).</p>	<p align="center"><b>Rationale</b></p> <p>I chose this nursing diagnosis because the child had a stroke and now has right sided weakness of the right arm and leg (Vera, 2020).</p>
<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> Turning the patient on her side promotes drainage and maintains a patent airway to prevent hypoxia (Swearingen &amp; Wright, 2019).  <b>Intervention 2:</b> Administer AEDs as prescribed (Swearingen &amp; Wright, 2019).</p>	<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> Turn the patient on her side to ensure patent airway and can breathe without aspiration on secretions (Vera, 2020).  <b>Intervention 2:</b> Keep head of bed elevated and have seizure pads on all the side rails of the bed (Vera, 2020).</p>	<p align="center"><b>Interventions</b></p> <p><b>Intervention 1:</b> Ask that there is always a person with the patient to ensure patient does not fall out of bed or starts seizing without anyone being there (Vera, 2020).  <b>Intervention 2:</b> Place patient close to the nurse's station to closely monitor the patient (Vera, 2020).</p>
<p align="center"><b>Evaluation of Interventions</b></p> <p>1: Goal was met. Patient did not aspirate on secretions and shows little to no effects of hypoxia.  2.: Goal was met. Patient received Ativan, Kepra, Tylenol RS, and IV bolus to help stop seizure. Seizure did stop.</p>	<p align="center"><b>Evaluation of Interventions</b></p> <p>1: Goal met. Patient did not aspirate on secretions and shows no signs of hypoxemia.  2. Patient head of bed is elevated to 30 degrees and patient has pads on all the side rails. Patient will continue with these orders until discharge.</p>	<p align="center"><b>Evaluation of Interventions</b></p> <p>1.: So far there was always a person in with the patient and she was never left alone. Goal has been met.  2. Patients room was close to two nurse's stations and there were people constantly walking by her room. Goal met.</p>

Reference:

Capriotti, T. (2020). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*.

Chem-20. (2019, January 26). ucsfhealth.org. <https://www.ucsfhealth.org/medical-tests/comprehensive-metabolic-panel>

Swearingen, P. & Wright, J. (2019). *All-in-one nursing care planning resource*. Elsevier.

Vera, M. (2020, January 2). *5 seizure disorder nursing care plans*. Nurseslabs. Retrieved October 5, 2021, from <https://nurseslabs.com/4-seizure-disorder-nursing-care-plans/>.

*2020 Nurse's drug handbook*. (2020). Jones & Bartlett Learning.