

Medications

Levetiracetam/ Keppra. Injection 750 mg IV push Q12 hr. Pharmacological classification: pyrrolidine derivative. Patient is taking it as adjunct to treat partial seizures. Prior administration, the nurse should assess the patient's renal function because the kidneys eliminate the majority of the dose (66%)

Lorazepam/ Ativan. Injection 2mg IV push PRN. Pharmacological classification: benzodiazepine. Patient is taking it to treat seizures. Before administration the nurse should assess the patient's respiratory status.

Demographic Data

Admitting diagnosis: Seizures CMS- HCC.

Psychosocial Developmental Stage: development milestone appropriate for patient of this age

Age of client: 15 y/o

Sex: Female

Weight in kgs: 57.6 Kg

Cognitive Development Stage: Development milestones appropriate for patient of this age. Patient is alert and oriented x4.

Allergies: No known allergies

Admission History

Pathophysiology

Disease process: Seizures are episodes of abnormal sensory, motor, psychic or autonomic activities resulting from an unexpected excessive discharge from cerebral neurons (Hinkle & Cheever, 2018). The excessive electrical discharges in the brain disrupt the brain's normal function (Capriotti, 2020). Seizures can present as a temporary loss of consciousness, a disruption of the senses, repetitive convulsions, muscle spasms. Seizures can be secondary to brain pathologies such as stroke, head injury, tumor, CNS infection, metabolic imbalance, acute alcohol withdrawal, or substance abuse (Capriotti, 2020).

S/S of disease: Signs and symptoms of seizures vary and can be mild to severe, depending on the types of seizures, which include focal onset, generalized onset, unknown onset. Symptoms of seizures include staring, dizziness, loss of awareness, temporary confusion (Capriotti, 2020).

Method of Diagnosis: diagnostic tests include magnetic resonance imaging (MRI), which is used to detect structural lesions, electroencephalogram (EEG), which provides details about patterns of seizure activities, computerized tomography (CT), physical and neurologic evaluations (Hinkle & Cheever, 2018).

Treatment of disease: treatment depends on the causes of the seizures. Some options include anti-seizure medications such as benzodiazepines, phenytoin, valproic acid, carbamazepine, gabapentin (Hinkle & Cheever, 2018).

On 10/ 1st / 21 a 15 y/o white girl was brought to the ER department of Carle for observation after 3 episodes of seizures. Patient woke her mother up this morning stating she had nausea and dizziness. Then she had a 30 second seizures and the mother called the EMS. She had another 30 second seizures while in route with EMS and another 30 second seizures in the ED. The patient was given Ativan 1mg and Keppra 1gm. A CT scan of head was done, the result was negative. The EKG showed normal sinus. No more episode of seizures since then.

Relevant Lab Values/Diagnostics

WBC 13
Mag 1.5
Glucose 126 > normal range is 70 to 100mg/dL
BUN 4< normal range is 8 to 25mg/dL
Chloride 109> normal serum is 97-107 mmol/L
CT scan: negative
EKG: normal sinus
UDS: negative
CXR: negative

Medical History

Previous Medical History: Anxiety and depression

Prior Hospitalizations: Nausea and dizziness

Chronic Medical Issues: N/A

Social needs: N/A

Active Orders

No orders to acknowledge

Assessment

General	Integument	HEENT	Cardiovascular	Respiratory	Genitourinary	Gastrointestinal	Musculoskeletal	Neurological	Most recent VS (highlight if abnormal)	Pain and Pain Scale Used
The patient is well developed and appears amused, alert and oriented x4, speaks normally and follows commands, no sign of distress.	The patient has a normal skin integrity, pink color, moisture, and warm to touch. No rashes or bruises, normal skin turgor.	The head neck symmetrica l, normal cephalic. Ears are symmetrica l and free of discharges, no auditory impaired. Eyes are symmetrica l, no impaired vision. Nose septum midline, no bleeding, no dentures, patient has natural teeth.	Normal heart sounds, S1 and S2 present. Peripheral pulses are 2+ throughout bilaterally upper and lower extremities. Capillary refill less than 3 seconds, no edema inspected or palpated in both upper and lower extremities	Clear lung sounds, no shortness of breath, no use of accessory muscles. Normal rate and pattern of respirations	Urine within defined levels. Patient voids in the toilet, she has no pain or discomfort related to urination.	Patient is nauseous. Patient was given 4 mg of Ondansetro n. Bowel sounds normal active in all quadrans. No tenderness or discomfort.	Active ROM on both upper and lower extremities. Patient reported generalized weakness both upper and lower extremities bilateral.	Patient is awake in bed; she speaks clearly without any sign of altered mental status. No edema or DVT. She opens eyes spontaneously. Patient reported feeling dizzy upon getting up.	Time: 0315 Temperature: 36.9 C Route: Oral RR: 20 HR: 84 BP and MAP: 96/62 Oxygen saturation: 99 % R.A Oxygen needs: No	Numeric 0 to 10 7 Patient was given Tylenol 650mg PO for pain.

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<p align="center">Nursing Diagnosis 1</p> <p align="center">Risk for ineffective airway clearance related to tracheobronchial obstruction as evidenced by seizure activity</p>	<p align="center">Nursing Diagnosis 2</p> <p align="center">Risk for aspiration related to the loss of airway reflexes as evidenced by saliva and mucus flow during seizure activity</p>	<p align="center">Nursing Diagnosis 3</p> <p align="center">Risk for injury related to fall as evidenced by patient having seizures</p>
<p align="center">Rationale</p> <p>This diagnosis was chosen because preventing airways obstruction for the patient with seizures is a priority as airways can be obstructed due to neuromuscular impairment (Swearingen & Wright, 2019).</p>	<p align="center">Rationale</p> <p>This diagnosis was chosen because patients during seizure activity are likely to aspirate saliva, mucus, or stomach content (Swearingen & Wright, 2019).</p>	<p align="center">Rationale</p> <p>This diagnosis was chosen because patients with seizure activities are at high risk of injury as they may have generalized weakness, loss of consciousness, and loss of muscle coordination (Hinkle & Cheever, 2018).</p>
<p align="center">Interventions</p> <p>Intervention 1: Monitor respiratory rate, rhythm, depth, and effort of respirations. Intervention 2: loosen clothing from neck, abdominal areas or chest to aid breathing.</p>	<p align="center">Interventions</p> <p>Intervention 1: place the patient on one side with head flexed forward to allow the tongue to fall forward and facilitate drainage of saliva and other fluids. Intervention 2: suction the patient if necessary if suction is available to clear secretions.</p>	<p align="center">Interventions</p> <p>Intervention 1: ease the patient to the floor, if possible, protect the head with a pad to prevent injury from striking a hard surface. Intervention 2: push aside any furniture that may injure the patient during the seizure activity.</p>
<p align="center">Evaluation of Interventions</p> <p>Patient maintains effective respiratory patterns with airway patent.</p>	<p align="center">Evaluation of Interventions</p> <p>Patient is free from risk of aspiration and all secretions are drained.</p>	<p align="center">Evaluation of Interventions</p> <p>Patient is safe and free from injury.</p>

References (3) (APA):

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