

PROTOCOL FOR DYLAN'S SEIZURES

1. IF SEIZURE ACTIVITY LASTS 5 OR MORE MINUTES, ADMINISTER NAYZILAM 5mg (0.1ml) INTO ONE NOSTRIL. IF SEIZURE ACTIVITY CONTINUES AFTER 10 MINUTES OF ADMINISTERING THE NASAL SPRAY, CONTINUE TO HAVE SEIZURES BACK TO BACK, IF SEVERAL IN SUCCESSION OR BECOMES INJURED DURING THE SEIZURE ACTIVITY, CALL 911.
2. CALL DYLAN'S MOTHER, DENESE, AFTER EVERY SEIZURE (OR FATHER, RANDY, IF UNABLE TO CONTACT MOTHER) DENESE CELL #: 218-280-5886, WORK #: 218-745-5124, RANDY CELL #: 218-280-3877, WORK #: 218-695-2721.
3. PARENTS WILL NOTIFY PHYSICIAN.
4. NOTIFY NURSE OF ANY SEIZURE ACTIVITY.
5. IN THE EVENT OF SEIZURE ACTIVITY, KEEP ALL FOREIGN OBJECTS AWAY FROM HIM, DO NOT PUT ANYTHING IN HIS MOUTH, LOOSEN ANYTHING TIGHT AROUND HIS NECK AND STAY BY HIS SIDE UNTIL THE EVENT IS OVER. ONCE THE EVENT IS OVER, IF LYING FLAT, TURN HIM ONTO HIS SIDE TO EXPEL ANY SALIVA OR VOMITUS FROM HIS MOUTH. OBSERVE HIS MENTAL STATUS AND ASK HIM HOW HE FEELS. IF HE HAS SOILED HIMSELF, ASSIST HIM IN CLEANING UP.
6. ONCE THE EVENT IS OVER, ALLOW HIM TO LIE DOWN AND REST, BEING SURE TO CHECK ON HIM FREQUENTLY.
7. DOCUMENT ALL SEIZURE ACTIVITY IN THERAP (UNDER HEALTH TRACKING AND THEN SEIZURES). COMPLETE THE REPORT AS THOROUGHLY AS POSSIBLE.
8. IF A SEIZURE OCCURS AT THE FACILITY, NOTIFY THE ODC BY WRITING IT IN THEIR COMMUNICATION BOOK.
9. AT BEDTIME, CHECK THE MONITOR IN DYLAN'S ROOM TO BE SURE IT IS ON TO ALLOW NIGHT STAFF TO HEAR HIM IN THE EVENT OF ANY SEIZURE ACTIVITY DURING THE NIGHT.
10. WHEN DYLAN IS SHOWERING, THE BATHROOM DOOR WILL BE LOCKED, WITH STAFF IN CLOSE PROXIMITY OF THE BATHROOM UNTIL HE HAS FINISHED HIS SHOWER. ALL STAFF ARE TO BE AWARE OF WHERE THE BATHROOM KEY IS KEPT IN THE EVENT THAT DYLAN WAS TO HAVE SEIZURE ACTIVITY WHILE SHOWERING.
11. WHEN DYLAN IS USING THE BATHROOM FOR TOILETING, THE DOOR WILL BE LOCKED WITH STAFF IN CLOSE PROXIMITY UNTIL DYLAN EXITS THE BATHROOM.
12. DYLAN'S BIKE RIDING IS TO BE LIMITED TO THE FACILITY YARD, FACILITY DRIVEWAY AND ACROSS THE ROAD ON THE BUS GARAGE LOT. WHEN RIDING HIS BIKE, DYLAN MUST BE CLOSELY SUPERVISED AT ALL TIMES.
13. DYLAN IS TO WEAR A BIKE HELMET AT ALL TIMES WHEN HE IS RIDING HIS BIKE.
14. THE FOLLOWING ARE SYMPTOMS THAT MAY BE EXHIBITED WHILE DYLAN IS HAVING A SEIZURE AND MAY VARY DEPENDING ON THE TYPE OF SEIZURE HE IS HAVING. THIS LIST WAS COMPLETED BY DYLAN'S MOTHER. THIS LIST MAY NOT BE ALL INCLUSE: JERKING, CONVULSING, COLLAPSING ON BED/CHAIR/FLOOR, EYES ROLLING BACK, MAKING NOISES/MUMBING, RIGIDITY OF ARMS & LEGS FOLLOWED BY VOMITING, CONFUSION AND TIREDNESS AFTER THE SEIZURE, CONTINUAL STARING.

APPROVED BY

*Randi Sprule NP*

DATE

*10/8/2023*

*Randi Sprule MD*

*9/13/24*

*APRIL ANN MCGEE, MD, CHIEF 9/8/2025*