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Protecting your patient during a seizure

PULLEN, RICHARD L. JR. RN, EDD

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CLINICAL DO'S & DON'TS

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MOST SEIZURES are self-limiting and last less than 3 minutes. Take these steps to protect your patient from serious complications.

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DO

- Assess your patient for signs and symptoms of seizure activity, such as his report of an aura or twitching of muscle groups, especially in his face or hands.
- Have an oral airway, oxygen, and suction readily available. Keep his bed in a low position with the side rails up. Consider padding them.
- If he has a seizure, stay with him to protect him from injury and observe seizure activity. If he's in a chair or out of bed, ease him to the floor. If he's in bed, remove the pillows, raise the side rails, and put the bed in a flat position. Loosen any restrictive clothing.



Figure. C

- After the seizure, assess him for respirations and a pulse. If they're present and he's unresponsive, turn him onto his side to help keep his airway patent. If necessary, insert an oral airway and use suction to remove secretions. Take his vital signs. If pulse or respirations aren't present, call for help and begin CPR.



Figure. C

- Observe and document characteristics of the seizure: type of muscle movements, progression and duration of the seizure, and bladder or bowel incontinence. Indicate if he reported an aura or if you observed any other signs and symptoms before the seizure.

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DON'T

- Don't restrain your patient during a seizure because the strong muscle contractions could injure him.
- Don't try to open his clenched jaws or force anything into his mouth. Doing so could injure his lips and teeth and cause his tongue to obstruct his airway.
- Don't move him unless the environment is unsafe.
- Don't suction his oropharynx until motor activity stops.