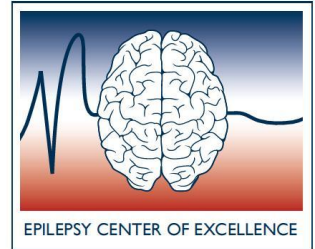


Competency Check List for CNAs

Provides Care to the Patient with a Seizure Disorder in the Epilepsy Monitoring Unit (EMU)



CRITERIA CHECK LIST		
SAFETY	MET	UNMET
1. Describes implementation of safety measures and fall precautions		
a. Bed rails padded		
b. Bed rails up		
c. Patient in full view of camera		
d. Nurse light/seizure alarm within reach of patient		
e. Patient out of bed with assistance		
f. Wall suction w/Yankauer suction tip		
g. Oxygen flow meter, tubing, nasal cannula		
h. Saline lock		
j. Bed in low position		
k. Nonskid footwear		
l. Ambulation aid by bedside if needed		
m. Bedside stand within easy reach		
n. Remove clutter in room		
2. Describes management/standard of care for patient having <i>non-convulsive</i> events		
a. Pull bed sheets back		
b. Time the event		
c. Patient in full view of camera		
d. Reassure the patient he/she is safe		
e. Encourage slow deep breaths		
f. If patient has impaired consciousness, assess awareness, speak calmly and keep patient away from danger		
g. Stay with patient until event is over		
	MET	UNMET

EVENT/SEIZURE IDENTIFICATION	MET	UNMET
3. Describes signs/symptoms of event <i>without</i> impairment of consciousness		
a. Sensory – e.g. auditory or visual hallucination, funny smell, tingling/numbness, epigastric sensation		
b. Psychic – e.g. uncontrolled emotions, déjà vu, dreamy state		
c. Autonomic – e.g. increased HR, paleness, dilated pupils, flushed face		
d. Motor – e.g uncontrolled body movements		
4. Describes signs/symptoms of event <i>with</i> impairment of consciousness		
a. E.g. blank staring, chewing motions, fumbling with hands/feet, picking, rubbing fingers, wandering, confused speech		
5. Describes signs/symptoms of <i>convulsive</i> (tonic clonic, tonic, clonic) event		
a. May include yell, head turning, stiffening of extremities, jerking, incontinence, excessive saliva or tongue biting, followed by confusion, somnolence, headache		
6. Describes signs/symptoms of <i>non-convulsive</i> status		
a. May include alteration in mental status, movements, vocalizations, sensory alteration		
b. Diagnosis is confirmed by EEG		
7. Describes signs/symptoms of status epilepticus: Over 5 minutes of recurrent event activity <i>with or without</i> impaired consciousness		
DOCUMENTATION	MET	UNMET
1. Dates and initials checklist for EMU (Attachment A) at beginning of shift		
a. Checklist for EMU dated/initialed beginning of shift		
2. Charting re: shift events		
a. Charts once a shift and PRN events for EMU records kept during the patient’s length of stay (not CPRS documentation).		

Associated documents:

If You Suspect a Event/Seizure

Attachment A: Checklist for Epilepsy Monitoring Unit

*IF YOU SEE A SUSPECTED
PATIENT EVENT:*

1. ENSURE PATIENT'S SAFETY
2. PRESS THE **ALARM & NURSE CALL BUTTONS**
3. PULL DOWN BLANKETS & DO NOT BLOCK CAMERA
4. ASK THE FOLLOWING QUESTIONS AS SOON AS POSSIBLE:

ARE YOU OK?

WHAT IS YOUR LAST NAME?

REMEMBER THE WORDS "BLACK CAT"

RAISE YOUR RIGHT HAND

ARE YOU BACK TO NORMAL?

SHOW ME THREE FINGERS

WHAT WERE THE 2 WORDS I ASKED YOU TO REMEMBER?

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Checklist for Epilepsy Monitoring Unit

Initials

Task																			
<i>Implement fall precautions</i>																			
<i>Implement fall precautions</i>																			
Bed in low position																			
Room lights on																			
Call light within patient reach																			
No clutter around bed or in the bathroom																			
Non-skid footwear																			
Instruct patient to request assistance when getting out of bed																			
Bedside stand within easy reach																			
<i>Implement seizure precautions</i>																			
<i>Implement seizure precautions</i>																			
Bed rails padded																			
Bed rails up																			
Instruct patient regarding seizure alarm and nurse call buttons																			
Demonstrate cognitive testing procedure during seizure																			
Ensure oxygen flow meter/nasal cannula at bedside																			
Ensure suction regulator, canister, tubing, yankauer at bedside																			
Describe expected seizure behavior as relayed by nurse																			
Sitter/companion counseled on seizure description																			

Staff Signatures, Initials and Dates

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