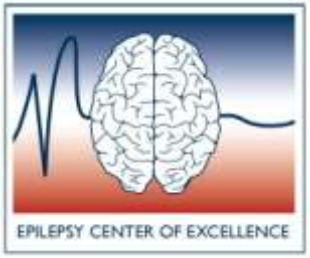

Competency Check List

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. Sitter, if used, must verbalize description of patient events		
g. Nurse must verbalize description of patient events		
h. Wall suction w/Yankauer suction tip		
i. Oxygen flow meter, tubing, nasal cannula		
j. Saline lock		
k. Evaluate fall risk		
l. Bed in low position		
m. Nonskid footwear		
n. Ambulation aid by bedside if needed		
o. Bedside stand within easy reach		
p. Remove clutter in room		
2. Describes management/standard of care for patient having ***non-convulsive*** 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		

h. Neuro checks q 15 min x 2 or until patient reaches baseline	MET	UNMET
3. Describes management /standard of care for patient having ***convulsive*** events.		
a. Pull bed sheets back		
b. Time the event		
c. Patient in full view of camera		
d. Remove harmful objects in patient's proximity		
e. Test patient's awareness during the event		
f. Roll patient on one side with head/mouth angled		
g. Use oral suction and O_2 as needed		
h. Reassure patient		
i. Stay with patient until event is over		
j. Benzodiazepine IVP per institutional policy		
k. Neuro checks q 15 min x 2 or until reaches baseline		
4. Describes management/standard of care for patient having ***non-convulsive*** status epilepticus.		
a. Pull bed sheets back		
b. Time the event		
c. Patient in full view of camera		
d. Test patient's awareness during event		
e. Call Neurology provider		
f. Neuro checks q 15 min until patient is transferred to ICU or returns to baseline or per institutional protocol		
5. Describes management/standard of care for patient having ***convulsive*** status epilepticus		
a. Pull bed sheets back		
b. Time the event		
c. Patient in full view of camera		
d. Test the patient's awareness during the event		
e. Administer oxygen		
f. Call Neurology provider		
g. Give IV benzodiazepine after 5 minutes of event activity if ordered		
h. If event continues, give additional IV benzodiazepine if ordered		
i. Call **CODE BLUE per institutional policy**		

EVENT/SEIZURE IDENTIFICATION	MET	UNMET
1. Reads CPRS admission/clinic notes describing number and types of events patient is experiencing		
2. Ensures sitter/companion (if used) can describe event/seizure(s), types, and frequency		
3. Describes signs/symptoms of event ***without*** 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 ***with*** 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 ***convulsive (***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 ***non-convulsive*** 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 ***with or without*** impaired consciousness		
ASSESSMENT	MET	UNMET
1. Demonstrates testing of patient during event/seizure by following prompts on "*If You See a Suspected Event*"		
2. Demonstrates when and how to perform neuro checks; Neuro checks q 15 min x 2 after a seizure or more if patient is not back to baseline. Neuro check includes level of consciousness, motor function, and pupillary response. Vital signs at least with first neuro check.		
3. States criteria for calling Neurology provider and giving benzodiazepine per physician orders		
4. Ensures safety precautions are in place at beginning of shift		
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		
b. Completes CPRS note (e.g.: **Nursing Seizure Assessment Sheet**) for each event patient has during long term video EEG monitoring		

PATIENT EDUCATION	MET	UNMET
1. Provides teaching to patient and sitter/companion regarding the following:		
a. Purpose of EEG monitoring		
b. Nurse call button for assistance for event/seizure		
c. Alarm button for event/ seizure		
d. Seizure and fall precautions		
e. No smoking policy		
f. Testing during event/ seizure		

Associated documents:

If You Suspect a Event/Seizure

Attachment A: Checklist for Epilepsy Monitoring Unit

Nursing Seizure Assessment Note

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													
Implement fall precautions													
Evaluate fall risk													
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													
Implement seizure precautions													
Bed rails padded													
Bed rails up													
Instruct patient or companion regarding seizure alarm and nurse call buttons													
Instruct companion on cognitive testing during seizure													
Ensure oxygen flow meter/nasal cannula at bedside													
Ensure suction regulator, canister, tubing, yankauer at bedside													
Read CPRS admission note for description of seizure													
Sitter/companion counseled on seizure description													
Patient has patent IV access													

Staff Signatures, Initials and Dates

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Nursing Event Seizure Assessment Note

(see note template in CPRS)