



Consensus on Vital Signs in the Epilepsy Monitoring Unit

ECoE Nursing Workgroup

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Elements of neurologic assessment during and after a seizure-like event in the EMU:

-level of consciousness (descriptive words)

-mental status (orientation, object naming, following commands, recall of short phrase)

-movement (face symmetry, pronator drift, UE and LE strength)

1. Vital signs (BP, respiratory rate, pulse rate and neurologic assessment) are to be obtained every 4-8 hours depending on facility protocol and with every event.
2. Staff should to continue to monitor the patient after an event until he/she is back to baseline or clinically stable.
3. If the vital signs taken immediately after an event are abnormal, they are to be repeated every at least 15 minutes until patient is back to baseline or clinically stable.
4. Reporting of abnormal vital signs will be determined by local facility protocols.