Sample Protocol #1: Examination of speech, memory, level of consciousness and motor function during and following a seizure.

**Exam Speech and Memory**

**EMU Nurse Responsibilities — Event Response**

In order to ensure that a nurse responds to all EMU events immediately, the EMU nurse should never leave the unit and/or use the restroom without arranging for another nurse to cover him/her.

The EMU nurse's response to a patient's event will vary depending on what kind of spells/seizures the patient has, but monitoring the amount of time a spell/seizure lasts is required of the EMU nurse for all events. Ensuring patient safety should always be the EMU nurse's number one concern during a spell or seizure. Once a patient's safety during his/her spell/seizure is established, the EMU nurse's next priority should be performing an ictal exam on the patient.

1. All ictal exams should consist of asking the patient to do the following:
   a. "Tell me your name"
   b. "Remember the color" (ask the patient to state the color you named at some point during the spell/seizure)
   c. "Raise your arms"

*The patient should continually be asked to do these three tasks until he/she is able to successfully do all three.

2. Other parts of an ictal exam should be based on the patient's symptoms and/or the likely cause of the spells/seizures and may include the following:
   a. If a patient complains of feeling dizzy or lightheaded, a set of vital signs and/or blood glucose measurement should be obtained
   b. If a patient complains of feeling numbness or tingling, the EMU nurse should ask questions including what parts of the body are involved and/or whether the numbness or tingling is getting worse or better with time
   c. If a patient complains of visual changes, the EMU nurse should ask the patient to look at objects around the room and name them

3. Once the patient's spell/seizure has ended; the EMU nurse should do the following:
   a. If the patient was not back to his/her baseline when the EMU nurse left the room, the EMU nurse should return to assess the patient every 5 minutes until he/she appears to return to baseline. If the patient does not return to baseline after 15 minutes and/or the patient's care partner states that he/she is concerned about the patient's post-ictal period, the EMU resident should be notified immediately.
b. The EMU nurse should communicate with the Monitor Technician what the event looked like so that he/she can document the event details on the "EMU Seizure Tracking Form"
c. Document the seizure in EPIC

4. During a generalized tonic-clonic seizure, or convulsion, the EMU nurse should follow the steps listed on the patient education handout "First Aid for Seizures (Adults)", which includes the following:
   a. Turn the patient on his/her side
   b. Prevent injury by moving away any objects that might injure the person during their seizure.
   c. Prepare to notify the EMU resident and administer a rescue medication if the seizure has not ended after 3-4 minutes

5. If the patient needed an ictal SPECT at the beginning of his/her seizure, the EMU nurse should follow the steps listed in the "Policies and Procedures for Ictal/Interictal SPECT"