

closing a door or curtain. A seizure can be upsetting to the child, other visitors, and their families. If other persons are present, they should be assured that everything is being done for the child. After the seizure, they can be given a simple explanation about the event as needed.

If the nurse is able to reach the child in time, a child who is standing or seated in a chair is eased to the floor immediately. Do not remove a child from a wheelchair as the wheelchair provides support and padding. During (and sometimes after) a tonic-clonic seizure, the swallowing reflex is lost, salivation increases, and the tongue is hypotonic. Therefore, the child is at risk for aspiration and airway occlusion. Placing the child on the side facilitates drainage and helps maintain a patent airway. Suctioning the oral cavity and posterior oropharynx may be necessary. Take vital signs, and allow the child to rest if at school or away from home. When feasible, the child is integrated into the environment as soon as possible. Sending a child with a chronic seizure disorder home from school is not necessary unless requested by the parents.

Seizure precautions are required for children who have a history of seizures ([Box 27-9](#)).

Nursing Alert

Do not move or forcefully restrain the child during a tonic-clonic seizure, and do not place anything in the mouth during a seizure.

Box 27-9

Seizure Precautions

The extent of precautions depends on type, severity, and frequency of seizures. They may include:

- Side rails raised when child is sleeping or resting
- Side rails and other hard objects padded
- Waterproof mattress or pad on bed or crib