diagnosis of status epilepticus. The child's circulation, airway, and breathing (CAB) should be monitored closely and supportive measures initiated (i.e., cardiopulmonary resuscitation) when indicated.

Nursing Diagnosis

Risk for impaired breathing pattern

Risk for aspiration

Risk for injury

Risk for imbalanced body temperature

Risk for impaired cardiovascular function

Nursing Interventions

What are the most appropriate nursing interventions for Jacob?

Nursing Interventions	Rationale
Monitor circulation, airway, and breathing (CAB) closely.	To provide supportive measures as needed to maintain airway, breathing, and circulation
Monitor and record characteristics, onset, and duration of each episode including motor effects, alterations in consciousness, postictal state.	To accurately describe the seizure activity and postictal state
Do not attempt to stop the seizure; ease the child to the floor if upright. A child in a wheelchair usually has adequate support and padding and does not need to be removed. Side rails should be padded for a child on a stretcher.	To prevent injury during seizure
Place child in a side-lying position; suction the oral cavity and posterior oropharynx as needed.	During seizures, the swallowing reflex may be lost, salivation may increase, and the tongue is hypotonic, which causes the child to be at risk for aspiration and airway occlusion.
Administration of antiepileptic medications • During transport: buccal or intranasal midazolam, buccal lorazepam, rectal diazepam • Upon arrival to the hospital: Intravenous (IV) lorazepam, valproate, or levetiracetam	To decrease or stop the seizure activity
Closely monitor vital signs including temperature, respirations, heart rate, and blood pressure.	Hyperthermia and hypertension are a common result of increased motor activity. In addition, side effects from the medications may cause respiratory depression.
If possible, isolate the child from view of others by	To maintain privacy for the child and