Seizures Nursing Care Plan

PATIENT INFORMATION

Name: _____ Age: _____

Medical History:

Allergies:

Emergency Contact: _____

ASSESSMENT

Seizure History:

Neurological Examination:

DIAGNOSIS

Type of Seizures:

PLANNING

Short-Term Goals

Prevent Injury During Seizures:

Medication Adherence:

Long-Term Goals

Optimize Quality of Life:

Manage Triggers:

INTERVENTIONS

Medication Management:

Patient Education:

EVALUATION

Patient Education

Documentation