

What is a Seizure?

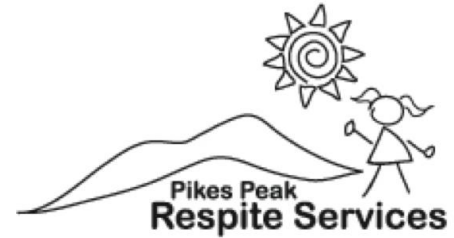
The brain is the control center for all movement and function in the body, voluntary and involuntary. It uses electrical signals and nerve cells to communicate directions. When these electrical signals become abnormal (due to a trigger), seizures can occur. Things that can disturb the normal pattern of brain activity that can lead to a seizure include, but are not limited to: genetic defects, infections, developmental disorders, brain tumors, head injuries, strokes, heart disease, high fevers, exposure to lead or carbon monoxide, flashing lights, change in body's hormone level, lack of sleep, stress, and/or reactions to prescription drugs as well.

A seizure happens when a brief, strong surge of electrical activity affects part or all of the brain. Seizures present differently with each client and can last from a few seconds to a few minutes. The clients may have many symptoms, from convulsions and loss of consciousness to some that are not always recognized as seizures: blank staring, lip smacking, or jerking movements or arms and legs. We will discuss this in detail as we review the Seizure Recognition and First Aid Chart for PPRS.

Some people will experience seizures while we are providing supports. As Professional Caregivers, it is our responsibility to recognize seizures, if and when they occur and provide proper first aid and care as needed. It is important to understand what triggers a seizure, and how to document it properly if required by the care plan. Always notify parents/guardians & Beverly Seemann if someone has a seizure while in your care via text or phone call.

When a client has a seizure there are a few things to keep in mind:

- Stay calm and don't hold or restrain him/her
- Time the seizure with your watch to document later
- Clear the area of any dangerous objects
- Protect the individual by putting something soft under their head: pillow/jacket...whatever is in reach
- Keep their air passage clear...loosen collars or anything that is around their neck
- Turn onto one side
- Stay with the individual until the seizure ends
- Remain calm and reassuring
- Notify parents/ guardians



- Notify Beverly Seemann and/or Supervisor

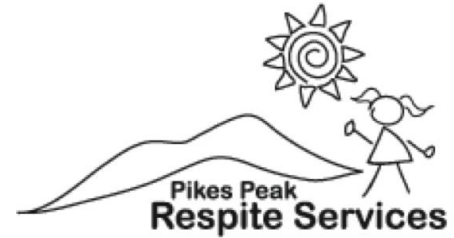
Seizure Recognition and First Aid Chart

Adapted from Epilepsy Foundation

SEIZURE TYPE	WHAT IT LOOKS LIKE	WHAT TO DO	WHAT NOT TO DO
		<i>Notify 719-659-6344 PPRS</i>	
Generalized	Sudden cry, fall, rigidity, followed by	Protect from nearby hazards.	Don't put anything in mouth.
Tonic Clonic	muscle jerks, shallow breathing or	Loosen ties or shirt collars.	Don't give liquids just after seizure.
(Grand Mal)	temporarily suspended breathing,	Protect head from injury.	Don't restrain.
	bluish skin, possible loss of bladder	Turn on side to keep airway	Don't use artificial respirations.
	or bowel control, usually lasts a	Clear. Reassure as	unless breathing is absent after
	couple of minutes. Normal breathing	consciousness returns.	muscle jerks subside, or unless
	then starts again. There may be some	if lasts longer than 5 min.	water has been inhaled.
	confusion and/or fatigue, followed by	call an ambulance.	
	return to full consciousness.		
Absence	A blank stare, beginning and ending	No first aid necessary, but if this is the first	
(Petit Mal)	abruptly, lasting only a few seconds, most	observation of the seizure(s), medical	
	common children. Maybe be accomp-	evaluation should be recommended.	
	panied by rapid blinking, some chewing		
	movements of the mouth. Child or adult is		
	unaware of what's going on during the		
	seizure, but quickly returns to full awareness		
	once it has stopped. May result in learning		



	difficulties if not recognized and treated.		
Simple Partial	Jerking may begin in one area of body, arm, leg, or face. Can't be stopped, but client stays awake and aware. Jerking may proceed from one area of the body to another, and sometimes spreads to become a convulsive seizure.	No first aid is necessary unless seizure becomes convulsive, then first aid as above.	
	Partial Sensory seizures may not be obvious to an onlooker. Patient experiences a distorted environment. May see or hear things that aren't there, may feel unexplained fear, sadness, anger, or joy. May have nausea, experience odd smells, and have a generally "funny" feeling in stomach	Give reassurance and emotional support.	
Complex Partial Psychomotor Temporal Lobe	Usually starts with blank stare, followed by chewing, followed by random activity. Person appears unaware of surroundings. May seem dazed and nimble. Unresponsive. Actions clumsy, not directed. May pick at clothing, pick up objects, try to take clothes off. May run, appear afraid. May struggle or flail at restraint. Once pattern established same set of actions usually occur with each seizure. Lasts a few minutes, but post-seizure confusion can last	Speak calmly and reassuringly to client. Guide gently away from obvious hazards. Stay with client until completely aware of environment.	Don't grab or hold unless sudden danger. Don't try to restrain. Don't shout. Don't expect verbal instructions to be obeyed.



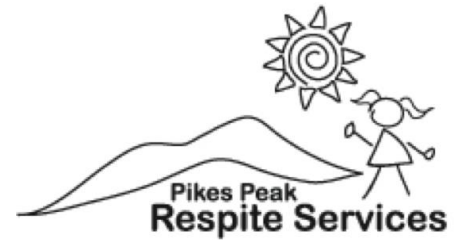
	substantially longer. No memory of what		
	happened during seizure period.		
Atonic Seizures	Client suddenly collapses and falls. After 10 seconds to a minute he recovers, regains	No first aid needed unless they hurt themselves	
Drop Attacks	consciousness and can stand and walk again.		
Myoclonic Seizures	Sudden brief, massive muscle jerks that may involve the whole body or parts of the body. May cause person to spill what they were holding or fall off a chair.		
Infantile Spasms	These are clusters of quick, sudden movements that start between 3 months and two years. If client is sitting up, the head will fall forward. If lying down, the knees will be drawn up, with arms and head flexed forward as if the baby is reaching for support.		

What Happens During a Seizure?

According to www.knowingmore.com---2002

While there are many variations, a typical seizure happens something like this:

1. **There is a Trigger:**
 - a. Something triggers abnormal activity in the brain. This might be anything from a flashing light to a change in the body's hormone levels. For some people, the trigger is the same every time.



2. **Then Comes an Aura:**

- a. Many people experience an aura shortly before a seizure begins. This warning sign could be something like a ringing sound, a specific smell or a vision problem. Some people learn to lie down or take other safety precautions when they experience an aura.

3. **The Seizure Starts:**

- a. At this point, the actual seizure activity begins. This may be barely noticeable—such as the twitching of a facial muscle. Or, it may include full body convulsions.

4. **Followed By the Postictal Phase:**

- a. After the seizure has ended, most people need some time for the body to return to normal. This is known as the postictal phase. It may be short—or it may last several hours.

5. **Or By Reentry:**

- a. Unfortunately, some people don't return to normal after the initial seizure. Instead, the seizure activity starts all over again. (Doctors call this reentering the seizure phase. It can happen more than once and may become a medical emergency.)

All information was adapted from Epilepsy Foundation website www.epilepsycolorado.org, www.ehow.com/about_5488069_complex-partial-seizures-children.html, & www.knowingmore.com