



Seizure Disorder (Epilepsy)

Epilepsy is not a disease with a single cause. It is a set of symptoms that arise from abnormal nerve cell activity in the brain. Normally, the nerve cells (neurons) generate small bursts of electrical impulses. These impulses move between neurons, communicating with muscles, sense organs, and glands. In epilepsy, the nerve cell activity is disturbed. This may result in a seizure (convulsion). Seizures can occur suddenly and without warning. Some people have an aura before a seizure. An aura is a sensory disturbance—a person may hear a noise, smell something, or see a certain pattern. If a person is aware of this, he or she may have time to get to a chair or to lie down. The type of seizure that occurs depends on the part of the brain that is affected by the disrupted nerve cell activity. Some causes of seizures can be neoplasms, (abnormal growth of tissue in the body such as a characteristic of cancer) trauma, cerebral anoxia, (low oxygen) congenital malformations, and high temperatures. In some people, epilepsy begins during adulthood and may be the result of an accident causing brain injury, brain tumor, stroke, and dementia. When seizure activity occurs so frequently that consciousness is not gained between seizures this is called status epilepticus.

Emergency Treatment for Seizures

- ✓ **Do not leave the person alone. Call for help.**
- ✓ **Do not restrain movements. Do not force anything into the person's mouth. Provide privacy and keep onlookers away if out in public.**
- ✓ **Protect the person from injury. Move any objects that might cause injury.**
- ✓ **Place a small pillow, folded towel, or blanket under the client's head if the client is on the floor.**
- ✓ **Loosen clothing around the client's head.**
- ✓ **Maintain open airway by turning the client's head to one side if possible.**
- ✓ **Observe the seizure - most seizures stop on their own.**
- ✓ **After movements subside, turn the person to the side so fluid or vomitus can drain freely from the mouth.**
- ✓ **Incontinence is common after a seizure.**
- ✓ **Allow the resident to rest afterwards as they will often complain of fatigue. Position the client on his or her side and observe closely while they sleep.**
- ✓ **Note length of seizure and report to RP and QP.**

Partial seizure general symptoms

- 1. Simple sensory partial seizure - feelings are distorted, seeing flashing lights, hallucinations, smelling foul odors, dizziness, tingling sensations.**
- 2. Simple motor partial seizure – tingling, jerking in one extremity, no loss of consciousness, and may progress to generalized tonic-clonic seizure.**
- 3. Complex temporal partial seizure – purposeless behavior such as chewing movements and uncontrolled speech, glassy stare, aimless wandering, mental confusion and loss of memory following a seizure.**

Generalized seizure general symptoms

- 1. Generalized tonic-clonic seizure (grand mal) – early changes in sensation (aura), sudden cry, temporary loss of consciousness, involuntary contraction of the muscles producing contortions of the body and limbs, saliva forms around the mouth causing the appearance of “foaming at the mouth”, incontinence of bowel or bladder or both, the person generally sleeps after the seizure, the seizure usually lasts 2-5 minutes.**
- 2. Absence seizure (petit mal) – no convulsions, occurs most often in children without warning, lasts 1-10 seconds, vacant facial expression, staring eyes, no recall of episode.**
- 3. Myoclonic seizure – brief involuntary jerking movements of the body and extremities, convulsions may occur in rhythmic waves, no loss of consciousness.**
- 4. Akinetic seizure – uncommon, general loss of postural tone which may cause the person to “drop” to the floor, temporary loss of consciousness, lasts 1-2 minutes.**