

JACK BARBER, MD INTERIM COMMISSIONER

Office of Integrated Health

Dawn M. Adams DNP, OIH Director; Jack Barber MD, Medical Director

Post Office Box 1797 Richmond, Virginia 23218-1797

Seizures (Moderate Risk)

Seizures are symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. When people think of seizures, they often think of convulsions in which a person's body shakes rapidly and uncontrollably. Not all seizures cause convulsions. There are many types of seizures and some have mild or moderate symptoms. Seizures fall into two main groups. Focal seizures, also called partial seizures, happen in just one part of the brain. Generalized seizures are a result of abnormal activity on both sides of the brain.

Most seizures last from 30 seconds to 2 minutes and do not cause lasting harm. However, it is a medical emergency if seizures last longer than 5 minutes or if a person has many seizures in a row.

Individuals with a known seizure disorder that is well controlled with medications (anticonvulsants) and/or treatments are considered to be at a **Moderate Risk.**

Risks for seizures include but are not limited to:

- Medicines and medicine changes
- High fevers
- Head injuries and certain diseases such as cerebral palsy and diabetes (low blood sugar episodes)
- People who have had past seizures or recurring seizures due to a brain disorder called epilepsy.

(NIH: National Institute of Neurological Disorders and Stroke)

Symptoms of a seizure/epilepsy include but are not limited to:

- Unusual sensations, emotions and behaviors
- Twitching or muscle spasms in one or more parts of the body but not all of the body
- Staring in to space
- Convulsions (full body involvement)
- Loss of consciousness (blacking out)

The period following a seizure is called the **postictal state**. During this time, a person may be confused and tired, and may develop a throbbing headache. Add what to do during this phase to your **Seizure Plan**

Risks associated with seizures include but are not limited to:

- Falls and other injuries
- Choking and other respiratory problems
- Status epilepticus: a prolonged seizure or multiple seizures in a row that can lead to death.
- Loss of oxygen to the brain and other organs (Anoxia)
- Drowning



Prolonged seizures or seizures that happen in succession are a true Medical Emergency! Call 911 right away!

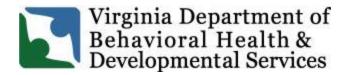
Recommendations: Awareness of risk is important. Be alert to medication, health and environmental changes that might trigger or activate the underlying seizure disorder. You should consider the following when preparing the individuals care plan.

- Developing a Seizure Plan with a health care provider that includes what to do if the individual has a seizure and have the doctor review and sign the plan. Have this plan reviewed at least annually.
- Keeping the Seizure Plan available and assure anyone who provides support has read and understands it.
- Keeping a seizure record and taking this to appointments with the health care provider (record any triggers as well)
- Take all medications as prescribed; calling the prescriber immediately when a dose has been missed.
- Making and attending appointments with a health care provider specializing in seizure disorders such as a Neurologist as recommended.
- Identifying and avoiding triggers that have caused seizures in the past.
- Avoiding high risk sports and discussing engaging in other strenuous activities with your health care provider.
- Having a buddy that remains with you when you are in or near water and discuss if swimming is a safe activity with your health care provider.

Please visit the website below for more information on Seizure First Aid. http://www.epilepsy.com/learn/treating-seizures-and-epilepsy/seizure-first-aid.

References:

- Komiya, K., Ishii, H., & Kadota, J. (2015). Healthcare-associated pneumonia and aspiration pneumonia. *Aging and Disease*, 6(1), 27–37. http://doi.org/10.14336/AD.2014.0127
- Mayo Clinic. (2016) Pneumonia. Retrieved from: http://www.mayoclinic.org/diseases-conditions/pneumonia/symptoms-causes/dxc-20204678
- Musher D. (2016) *Overview of pneumonia*. In: Goldman L, Schafer AI, eds. *Goldman's Cecil Medicine*. 25th ed. Philadelphia, PA.
- Tablan, O. C., Anderson, L. J., Besser, R., Bridges, C., & Hajjeh, R. (2004). Guidelines for preventing healthcare-associated pneumonia. *MMWR*, *53*(RR-3), 1-36. Retrieved from: https://www.cdc.gov/mmwR/preview/mmwrhtml/rr5303a1.htm



- Tablan, O., Anderson, L., Besser, R., Bridges, C., & Hajjeh, R. (2003). Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee. *Guidelines of preventing Health-Care associated Pneumonia*, 1-24.
- Torres A, Menendez R, Wunderink R. Bacterial pneumonia and lung abscess. In: Broaddus VC, Mason RJ, Ernst JD, et al., eds. (2016) *Murray and Nadel's Textbook of Respiratory Medicine*. 6th ed. Philadelphia, PA.
- U.S. National Library of Medicine. (2015) Aspiration Pneumonia. Retrieved from: https://medlineplus.gov/ency/article/000121.htm