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# Epilepsy/Seizure

Patient name: \_\_\_\_\_ Admission: \_\_\_\_\_

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- I. **The client/caregiver can define epilepsy and seizure.**
  - A. Epilepsy is a chronic neurological disorder with repeated occurrence of any form of seizure activity.
  - B. Seizures (convulsions) are episodes of abnormal electrical brain activity that produces involuntary muscle contractions.
  - C. These involuntary muscle contraction can cause
    - Disturbances of consciousness
    - Disturbances in behavior
    - Disturbances in sensation
    - Disturbances in anatomic functions
  - D. About 10% of Americans will experience a seizure sometime in their life.
  - E. About 30% will have had a diagnosis of epilepsy by the age of 80 years.
  
- II. **The client/caregiver can list factors, causes, and risk factors.**
  - A. Idiopathic (no specific cause identified)
  - B. Brain tumor
  - C. Trauma
  - D. Infections (encephalitis and meningitis)
  - E. Fever
  - F. Drug and alcohol intoxication
  - G. Metabolic and nutritional disorders
  - H. Genetic factors
  - I. Toxins
  - J. Extreme fatigue
  - K. Flashing lights
  
- III. **The client/caregiver can recognize signs and symptoms of various types of seizures.**
  - A. General
    - Involuntary recurrent muscle movements
    - Jerking, patting, and rubbing
    - Sudden contractions of muscle groups
    - Fluttering of eyelids
    - Lip smacking
    - Movements confined to one area or spreading from one side to the other
    - Head and eyes deviating to the side

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- B. Specific
  - Tonic-clonic (grand mal) lasting 2 to 5 minutes. Tonic phase is when the body stiffens. Clonic phase alternates between muscle spasm and relaxation.
  - Other signs are tongue biting, incontinence, dyspnea, apnea, and cyanosis.
  - After seizure is postictal stage with sleepiness and confusion.
- C. Petit mal
  - Lasts 5 to 30 minutes
  - Blinking, rolling eyes, and blank stare
  
- IV. **The client/caregiver can explain course of action during and after a grand mal seizure.**
  - A. Remain calm.
  - B. Never try to restrain the client. Prevent or break fall by easing to ground.
  - C. Never leave client alone.
  - D. Note the time and type of seizure activity.
  - E. Do not place anything in person's mouth.
  - F. Protect head by clearing area and place padding.
  - G. After seizure, turn person on side to avoid aspiration.
  - H. Loosen tight clothing.
  - I. Call physician and report seizure activity.
  - J. Maintain quiet environment.
  - K. Reassure and reorient the person.
  
- V. **The client/caregiver can explain course of action during and after a petit mal seizure.**
  - A. Remain with the person. Do not attempt to awaken or startle them.
  - B. Person will resume normal activity when seizure is over.
  
- VI. **The client/caregiver can list additional measures to prevent or manage seizures.**
  - A. Take medications as ordered, and avoid over-the-counter medications without approval by physician.
  - B. Keep follow-up appointments with physician.

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- C. Identify and avoid possible precipitating factors such as stress, alcohol, fatigue, and so forth.
- D. Identify and avoid stimuli that can trigger seizure activity such as flashing lights or loud music.
- E. Advise the person to lower water heater temperature to avoid burns if seizure occurs during shower/bath.
- F. Check state regulations regarding driving an automobile.
- G. Avoid using heavy equipment or dangerous equipment until cleared by physician.
- H. Seek vocational counseling or job retraining if needed.
- I. For females of childbearing age, discuss risks and options of pregnancy with healthcare provider.
- J. Eat a well-balanced diet, avoiding caffeine and alcohol. Space meals and snacks throughout the day to avoid hypoglycemia.
- K. Avoid activities that create excessive visual stimulation such as video games and the use of computer for long periods of time.
- L. Wear a Medic Alert bracelet.

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- VII. **The client/caregiver is aware of possible complications.**
  - A. Status epilepticus (rapid succession of seizures)
  - B. Physical injury (fracture, tongue or lip laceration)
  - C. Respiratory impairment

**RESOURCES**

Epilepsy Foundation of America  
[www.epilepsyfoundation.org/](http://www.epilepsyfoundation.org/)  
 Centers for Disease Control and Prevention  
[www.cdc.gov/epilepsy/resources.htm](http://www.cdc.gov/epilepsy/resources.htm)  
 National Institute of Neurologic Disorders and Stroke  
[www.ninds.nih.gov](http://www.ninds.nih.gov)

**REFERENCES**

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 Canobbio, M. M. (2006). *Mosby's handbook of patient teaching*. St. Louis: Mosby Inc.  
 Cohen, B. J., & Taylor, J. J. (2005). *Memmler's the human body in health and disease* (10th ed.). Philadelphia: Lippincott Williams & Wilkins.