



Seizures

Seizures are episodes of disturbed brain activity which can affect one part or multiple parts of the brain. A seizure happens when nerve cells in the brain don't work right and there is a sudden abnormal electrical signal in the brain. Seizures vary in appearance and severity depending on where they start in the brain.



Epilepsy is a disorder of the brain, characterized by recurrent seizures (uncontrolled body movements). Epilepsy is a common childhood neurological condition that is associated with many developmental disorders.

Why people with a developmental disability may be at higher risk for seizures:

- ◆ Individuals with developmental disabilities are more likely to have seizures or epilepsy due to underlying brain conditions.

Risk Factors for Seizures:

- ◆ Progressive brain disease
- ◆ Head trauma
- ◆ Hypoglycemia
- ◆ Congenital conditions
- ◆ Brain tumor(s)
- ◆ Genetic factors
- ◆ Stroke
- ◆ A history of seizures within the past 5 years

Signs and Symptoms of a Seizure(s):

Symptoms vary from person to person, depending on the type of seizure. Some have staring spells while others may shake violently. Seizures are categorized as either generalized (involving the entire cerebral cortex) or partial (involving part of one cerebral hemisphere). Seizure symptoms can include:

- ◆ Rapid eye blinking or staring
- ◆ Twitching of the face
- ◆ Odd repetitive behavior
- ◆ Shaking or jerking of the limbs
- ◆ Stiffening of the body
- ◆ Sudden aggressive behavior



Treatment and Prevention:

- ◆ Seizure medication should be administered/taken as prescribed (correct dosage and time);
- ◆ The individual should have regular follow-up with a Neurologist; and/or
- ◆ Records should be kept of any seizure activity: how long seizure lasted and a description of each seizure.

Management and Precautions:

- ◆ Staff should check to make sure the individual is breathing;
- ◆ Staff should help the individual lie down on the bed or floor, loosen clothing around the neck and remove eyeglasses; and/or
- ◆ Staff should stay with an individual during a seizure:
 - Staff should not place anything in the person's mouth or restrain them;
 - Staff should move objects away to prevent injury;
 - Staff should, if possible, provide padding under individual's head/arms/legs; and/or
 - Staff should only move the individual if the area is unsafe.
- ◆ After the seizure has ended, staff should ensure the person is comfortable, allow quiet time to recover from the seizure and check on the individual every 15 minutes to make sure he/she is breathing normally.
- ◆ **Call 911 for emergency help if someone is having a seizure and:**
 - It is the first time the person has had a seizure.
 - The person has stopped breathing.
 - The seizure lasts 5 minutes or longer.
 - The person has another seizure soon after the first one stopped.
 - The person is not fully awake within a few minutes after the seizure.
 - The person's lips or face look blue.
 - The person falls and hits their head during a seizure.
 - A seizure happens after a head injury.



Sources

- Baylow College of Medicine. (2014). Intellectual and Developmental Disabilities Research Center. *Epilepsy*. Retrieved from <https://www.bcm.edu/research/centers/iddrc/index.cfm?pmid=23227> on 4/8/2014.
- DDD Quality Assurance Unit. (2012). Health Information Fact Sheet #2. *Seizure disorder*. Az:Quality Assurance Unit of the State of Arizona Dept. of Developmental Disabilities. Retrieve from https://www.azdes.gov/uploadedFiles/Developmental_Disabilities/qafs_seizure_disorder_2.pdf on 4/8/2014.
- Delaware Division of Developmental Disabilities Services. (2011). *The Fatal Four: Constipation*. 4:9. Delaware: The Office of Training and Professional Development. Retrieved from www.dhss.delaware.gov/dhss/ddds/files/learn_curve_oct11.pdf on 4/8/2014.
- <http://www.merckmedicus.com/patient-handouts/Seizures>

Olmstead Resource Team



Physical Nutritional Management

