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NURSING HOME #NH 2772  
ASSISTED LIVING #ALF 909  
HOME HEALTH CARE #HH 1175

## ROSTER

Program Title: SEIZURE DISORDER & MANAGEMENT 1 HR

Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_

\*\*\*\*\***PLEASE PRINT CLEARLY**\*\*\*\*\*

CERTIFICATES CAN NOW BE EMAILED IF WE CAN READ THE EMAIL ADDRESS

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# **SEIZURE DISORDER AND MANAGEMENT**

## **Objectives:**

- 1. Identify the cause of seizure activity**
- 2. Describe the different types of seizures**
- 3. Recognize signs and symptom of seizure activity**
- 4. Discuss safety issues related to seizure activity**
- 5. Formulate methods to assist clients/families with diagnosis**
- 6. Protect and care for client's with seizure disorder**

## **DEFINITION:**

**A seizure is the clinical manifestation of abnormal electrical activity in the brain. They are the result of abnormal, uncontrolled, electrical discharge from the neurons of the cerebral cortex in response to a stimulus. These abnormal electrical rhythms of the brain can be detected by EEG. This abnormal electrical discharge can be the result of trauma or genetics.**

**Seizures are classified as “partial” if the activity is localized in one portion of the brain. If the activity is more widespread throughout the brain, that is, spreading into both hemispheres, it is called a generalized seizure. Partial seizures can also be described as complex if there is a change in consciousness and simple when there is no change in consciousness. As simple partial seizures progress, they can become complex partial seizures.**

**Symptoms vary widely depending on the involved area of the cerebral cortex. Seizures are generally manifested as an alteration in sensation, behavior, movement, perception, or consciousness lasting from seconds to several minutes.**

tongue to be bitten), apnea (may hear a cry as air is forced out of the lungs), and cyanosis (which is a bluing of the skin, nail beds, lips). The individual may lose their ability to control normal bodily functions such as bowel and bladder, and the pupils of the eye may dilate and become non-reactive to light.

2. **Clonic** – This is a rhythmic contraction and relaxation of the extremities and muscles. This may subside in 30 seconds but can last 2 – 5 minutes. The eyes roll upward, and excessive salivation results in foaming at the mouth. During this phase, the potential is greatest for biting the tongue. This is most common in childhood.
3. **Stupor** – This may last 5 minutes. The individual is limp and unresponsive. The pupils begin to react to light and return to their normal size.
4. **Postictal** – In the period immediately after the seizure, the individual may be sleepy, semiconscious, confused, unable to speak clearly, and uncoordinated. They may complain of headache, muscle aches, and have no recollection of the seizure event. Temporary weakness, dysphasia or hemianopia may occur and last up to 24 hours after the seizure event

loss of consciousness. Other symptoms that may be experienced are related to the sense of smell and sound. Autonomic symptoms such as tachycardia, tachypnea, diaphoresis, goose bumps, pallor, flushing, or psychic symptoms may be observed.

Partial complex seizures generally last 1 – 4 minutes. Unlike the partial simple, this individual will lose consciousness and experience postictal confusion that may last several minutes. Although the individual will not have a memory of the event, they will be able to interact with their environment, exhibit purposeful but inappropriate movements or behavior. Characteristic of the partial complex seizure is lip smacking, chewing, facial grimacing, picking, or swallowing movements. The individual may experience various emotional hallucinations or sensations that will occur immediately before the seizure activity. Such experiences might include various smells, ringing or hissing sounds, or feelings of déjà vu, fear, or pleasure.

## SEIZURE MANAGEMENT

### SAFETY:

Safety during seizures is a prime concern for most people. Pad side rails of the bed with blankets or pillows and keep the bed in the lowest position when the individual

**that the patient may strike. Remove their glasses and protect legs and arms by padding the floor with towels if available.**

**If the individual has clenched teeth, DO NOT force an object between the teeth. Trying to force any object into the mouth could break the teeth. Avoid use of tongue depressors as they may splinter and NEVER put fingers in the mouth. The individual may bite them off.**

**Do not restrain the individual but rather guide their movements gently. This will assist in maintaining safety for them.**

**Roll the individual into a side-lying position to allow secretions that may come from the mouth to drain freely. This will keep the person from choking on the secretions and assist in maintaining a patent airway.**

**Loosen any tight fitting clothing to prevent injury or lack of oxygen due to constrictive clothing.**

**Always maintain the individuals privacy by insisting that anyone not directly involved with the individual be removed from the area.**

**Once the seizure has subsided, reassure and gently reorient the individual and take their vital signs. Ask them**

**Measures must be taken to help prevent seizures. In order to do that, teach the individual to get adequate amounts of rest, avoid physical and emotional stress, and maintain a nutritious diet. A balanced diet is necessary to prevent hypoglycemia which may also trigger seizure activity.**

## **SUMMARY**

**Successful management of seizure activity involves many factors. Individuals, families, and private caregivers have to be taught basic skills, such as observing and recording seizures, managing adverse drug effects, identifying and managing stress and other triggers, and maintaining personal safety. The ability to record and identify triggers may lead to behavioral or lifestyle changes that can improve seizure control. It is vital that all person's involved with seizure management understand medication management issues, know how to respond to adverse effects and how to enhance compliance. Regular check-ups with the attending physician is essential in maintaining optimal level of functioning.**

# SEIZURE DISORDER AND MANAGEMENT QUIZ

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. The two main types of seizures are \_\_\_\_\_ and \_\_\_\_\_.
2. How many types of seizures are listed under generalized? \_\_\_\_\_.
3. Identify two causes of seizures. \_\_\_\_\_ and \_\_\_\_\_.
4. Give two symptoms indicating tonic seizures. \_\_\_\_\_ and \_\_\_\_\_.
5. Give the estimated time the petit mal seizure can last. \_\_\_\_\_.
6. What is another name for generalized tonic-clonic seizure. \_\_\_\_\_.
7. What diagnostic test is commonly done to evaluate brain activity. \_\_\_\_\_.
8. Give four general interventions that may be given during a seizure.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Name the most common of the seizures. \_\_\_\_\_.



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*PROGRAM EVALUATION*

COURSE TITLE: **SEIZURE DISORDER & MANAGEMENT (1 HR)**

DATE: \_\_\_\_\_ LOCATION: PEGCO, Inc.

*Please evaluate by circling the appropriate rating:*  
*5-Excellent 4-Above average 3-Average 2-Fair 1-Poor*

- |   |                      |
|---|----------------------|
| 1. Overall quality of the program                         | 5 4 3 2 1            |
| 2. Overall content of the program                         |                      |
| a. content can improve my ability to perform my job       | 5 4 3 2 1            |
| b. content reflected knowledge level and needs of learner | 5 4 3 2 1            |
| c. the material was current                               | 5 4 3 2 1            |
| 3. Achieved stated objectives                             |                      |
| a. total number of objectives in program _____            |                      |
| b. circle the number of met objectives                    | 1 2 3 4 5 6 7 8 9 10 |
| c. the test material reflected the objectives listed      | 5 4 3 2 1            |
| 4. Overall organization of the program                    |                      |
| a. material was organized to facilitate learning          | 5 4 3 2 1            |
| b. material covered was adequate and accurate             | 5 4 3 2 1            |

What did you like best about the program?

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Your suggestions for improving this program.

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Any topic ideas for future in-service programs

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***THANK YOU FOR USING PEGCO INC. WE APPRECIATE YOU.***