

Seizures		Seizures (cont)		Seizures (cont)
Epileptic	Non-Epileptic	Originates an engages both hemispheres of the brain	High incidence with (premature) neonates gestation of GA 32-36wks d/t immature brain	Prolonged or clustered seizures, w/ consciousness not returning inbetween TM: prompt medical intervention (ABCs)
Recurrent seizures within the brain	Arising from some other physiology	Can be tonic-clonic, absence, clonic, tonic, atonic, and myoclonic	TM: treat aggressively & treat underlying cause	
Therapeutic Management: medications (antiepileptics), diet (keto), surgery (vagal nerve stimulator/lobectomy)	Therapeutic management: Find source of seizure and treat	Changes in LOC		
-infantile spasms, generalized seizures, localized seizures & Status Epilepticus	-febrile, neonatal, and somatization	Localized	Somatization	Seizure Education
Infantile spasms	Febrile	Originates and stays within one hemisphere of brain	A physical expression of stress & emotions through mind-body connection	-Stay calm: relieve anxiety -Position child: ease child to ground & position in recovery position (on side & open airway) -ABC's: if not breathing call 911 -Time: time and document the seizure episode + any administration of meds -Talk to the patient: remain w/ patient, take hx, stay calm to keep them calm -Call for help if: first seizure, if lasts >5min, child is unresponsive to painful stimuli following seizure, any injury has occurred
Presents as symmetrical flexing or extending of neck, arms, legs, and trunk	common between 6mo-5yrs, usually associated with infection fever not dependant on how high fever is, but how fast it develops TM: control fever, viral illness mngmt, family support	Can evolve into generalized seizure unilateral symptoms	psychological help	
Generalized	Neonatal	Status Epilepticus		Structural Defects
				Neural Tube Defects
				serious defects of brain and spinal cord



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