



Epilepsy Basics

AND

**Working Effectively with
Your Doctor**

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Outline

Epilepsy Basics

Definition

Epilepsy vs. Seizures

Statistics

Causes

Seizure Classification

Treatments

Medications

Surgical Interventions

Dietary

Non-Epileptic Events

Emergencies

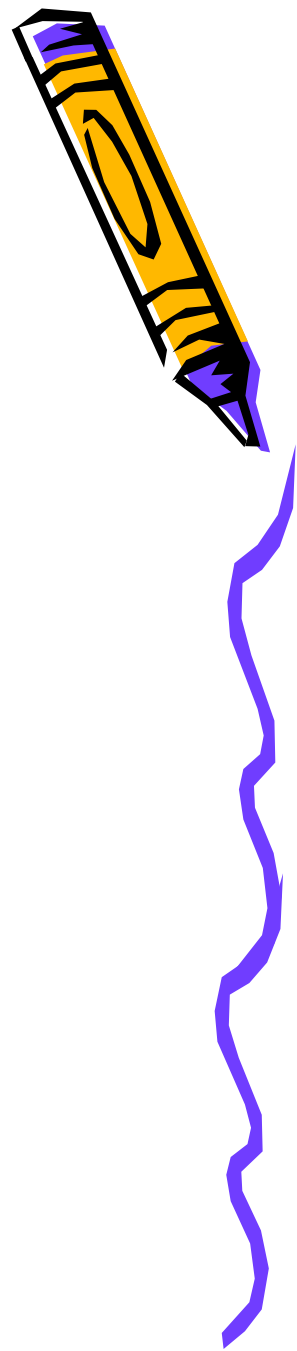
Status Epilepticus

Clusters

Seizure First Aid

Personal Care and Safety

Mobility



Outline

- **Getting the Most out of Your Doctors Visit**
- Types of Office Visits
- What is an emergency
- Routine Care
- Health Maintenance
- **Communication**
- Talking to the Doctors
- Forms
- Getting Your Questions Answered
- **Follow Up Care**
- Who is responsible to make sure recommendations are done?
- Scheduling Appointment for Follow ups
- Specialists/Referrals
- Tests/Results

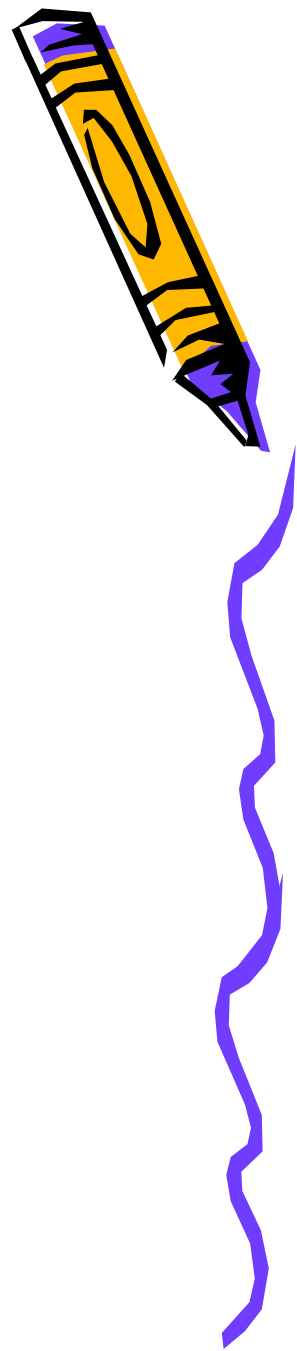


Definitions:

- Seizure: An episode of pathological, hyperactive, hypersynchronous brain activity, expressed as abnormal motor, sensory, or psychologic behavior.
- Seizure Disorder: A chronic brain disorder characterized by recurrent unprovoked seizures.



What is the difference between epilepsy and a Seizure disorder?



- Nothing, they are the same thing.

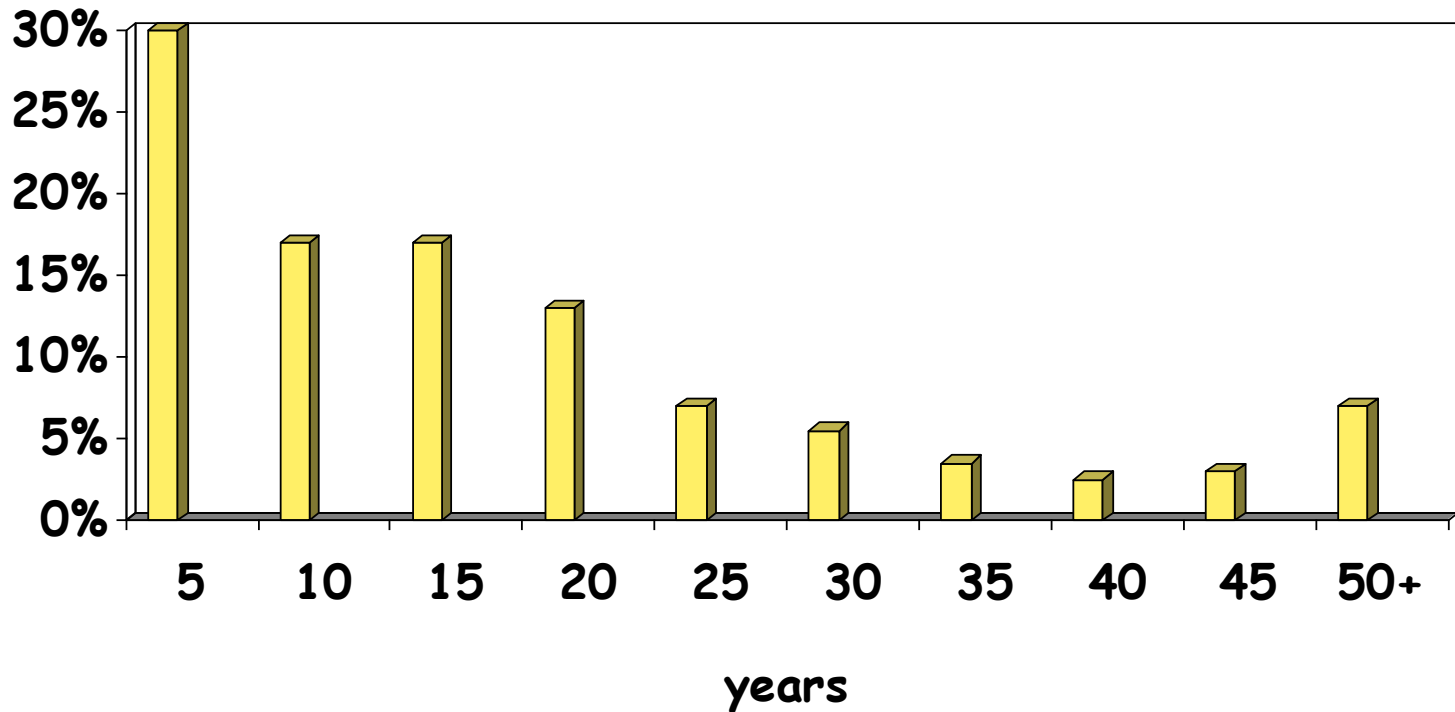


Prevalence

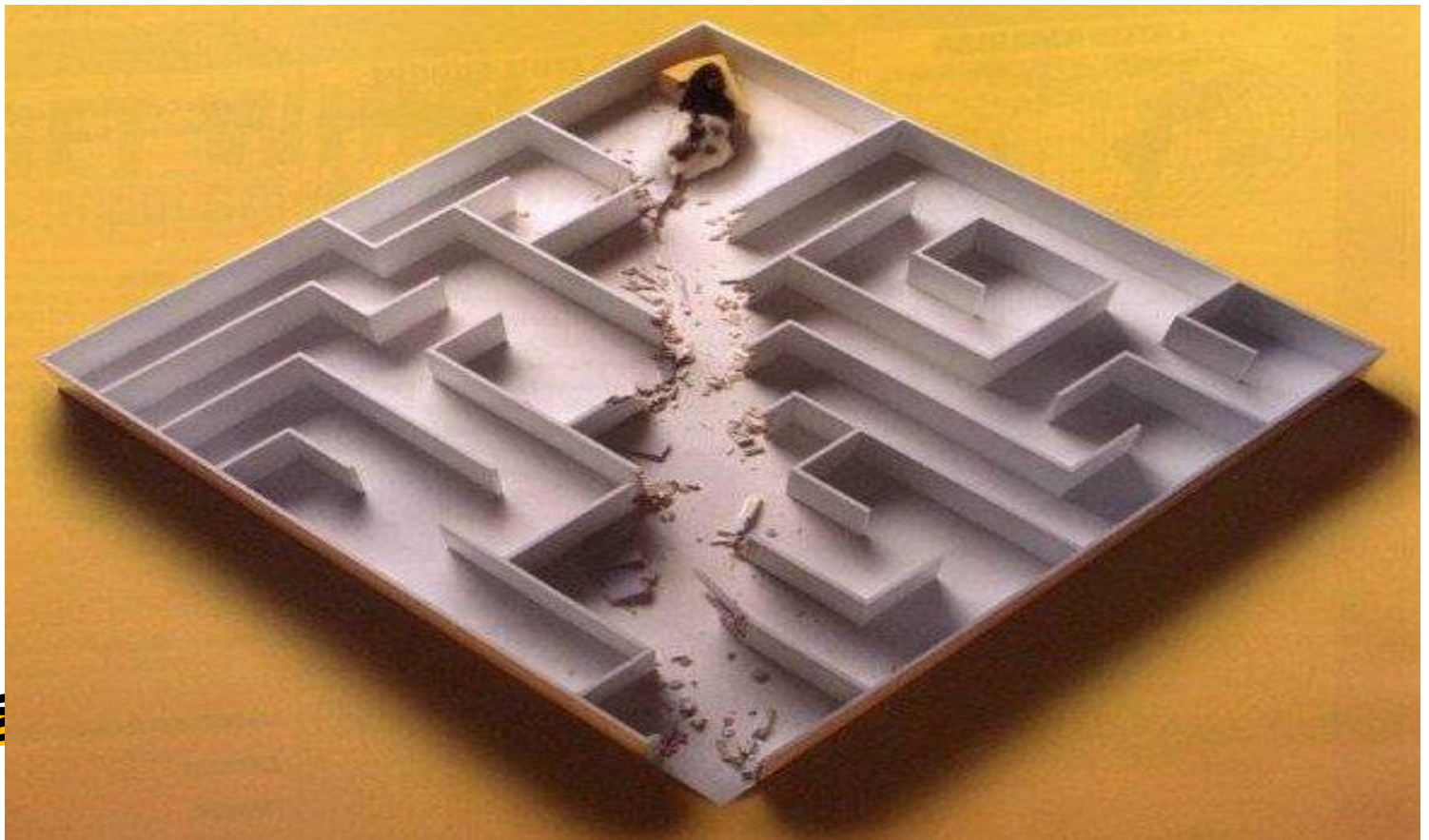
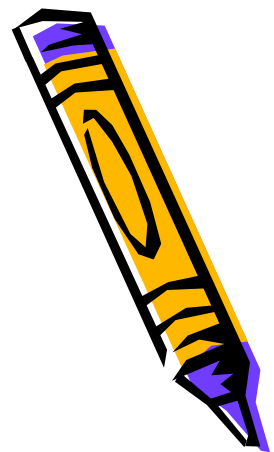
- Single Seizure: 9%
- Recurrent Seizures: 0.5%



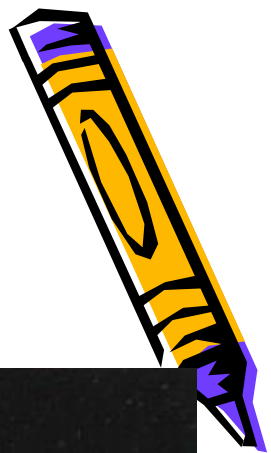
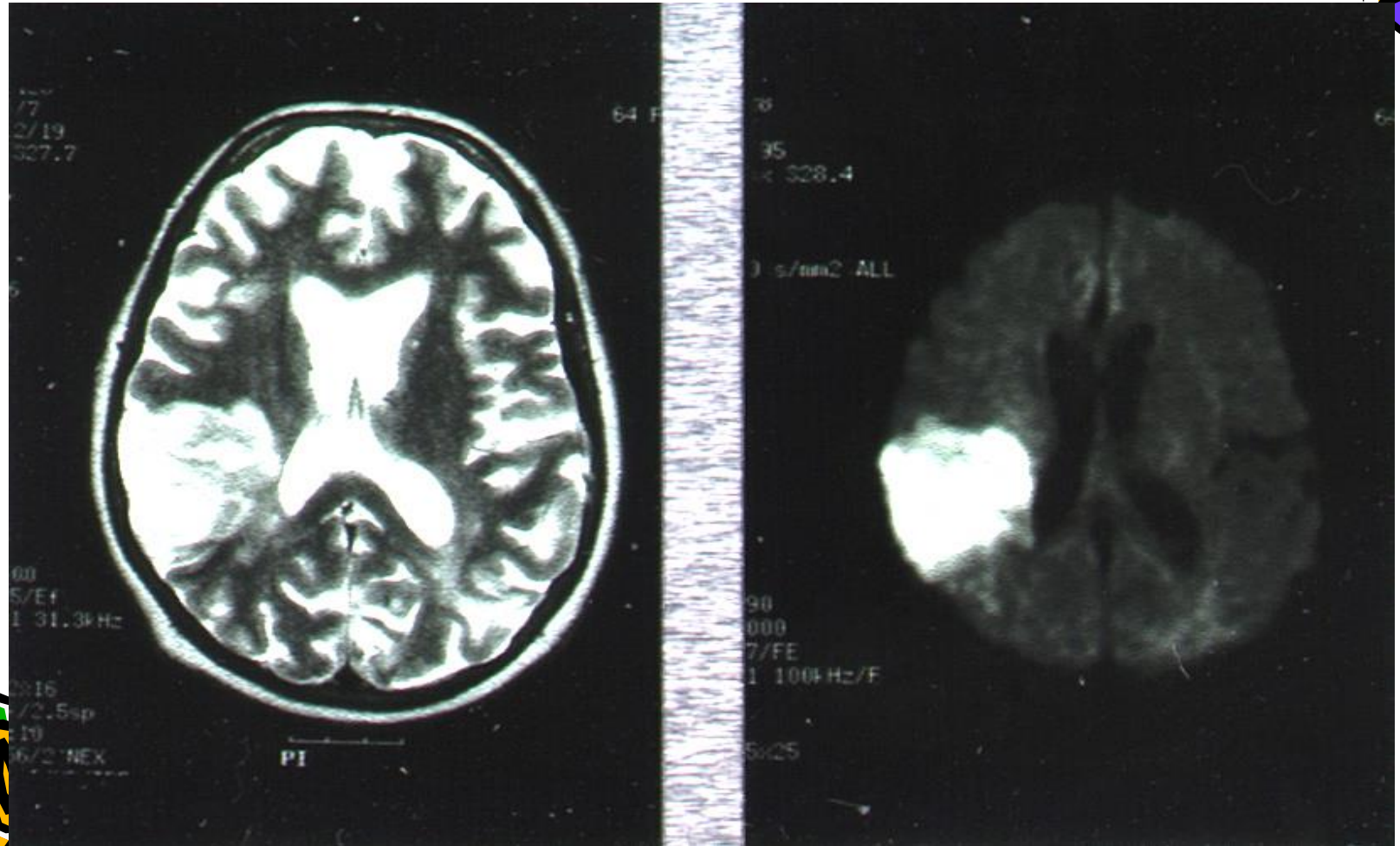
Age of onset



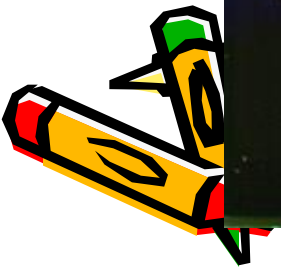
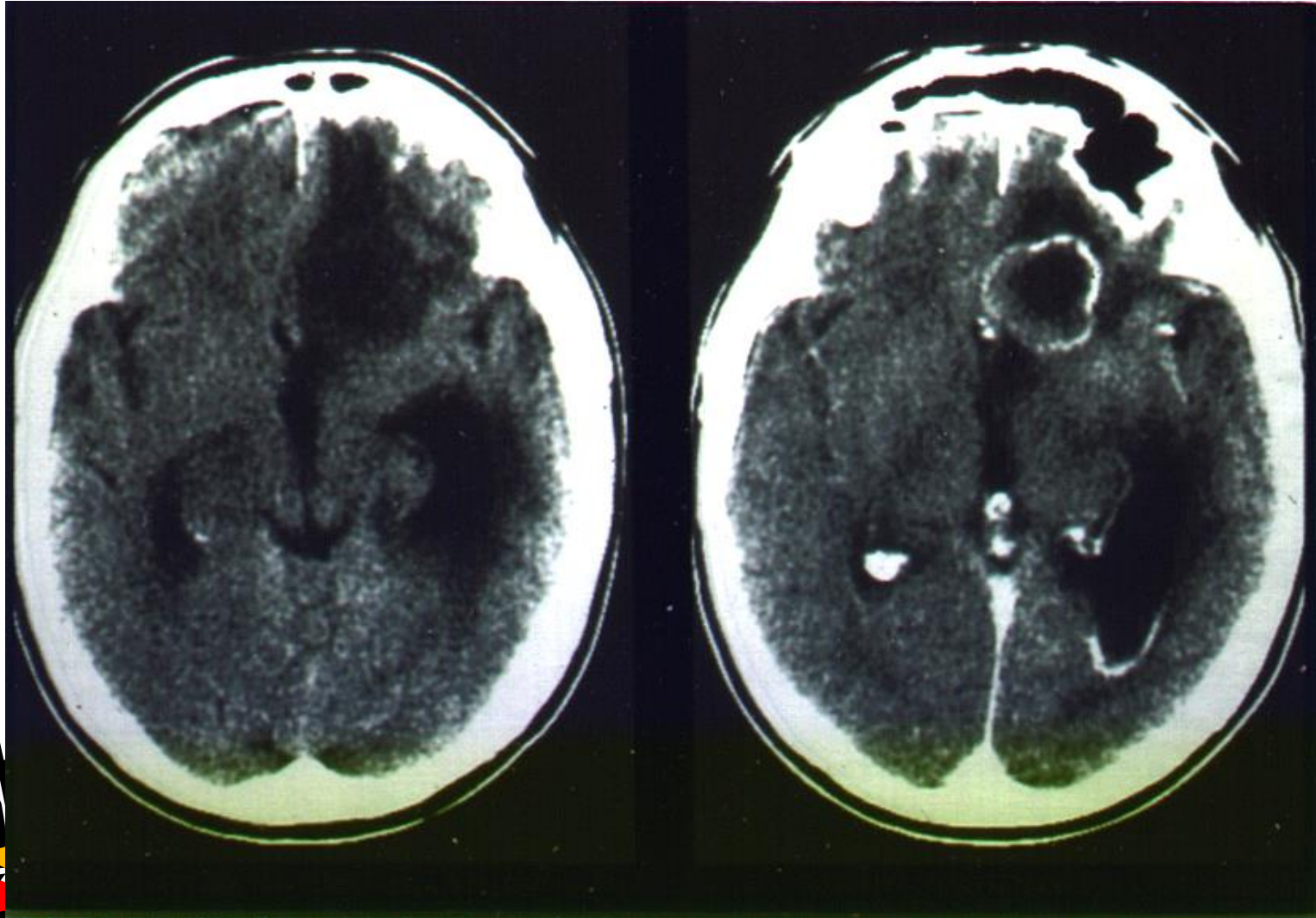
What are some of the known causes of epilepsy?



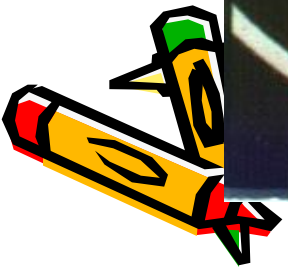
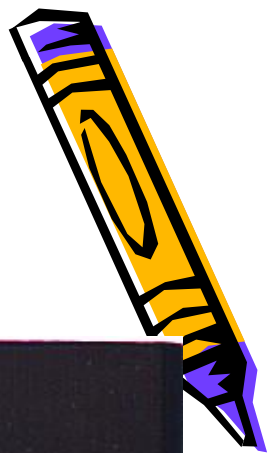
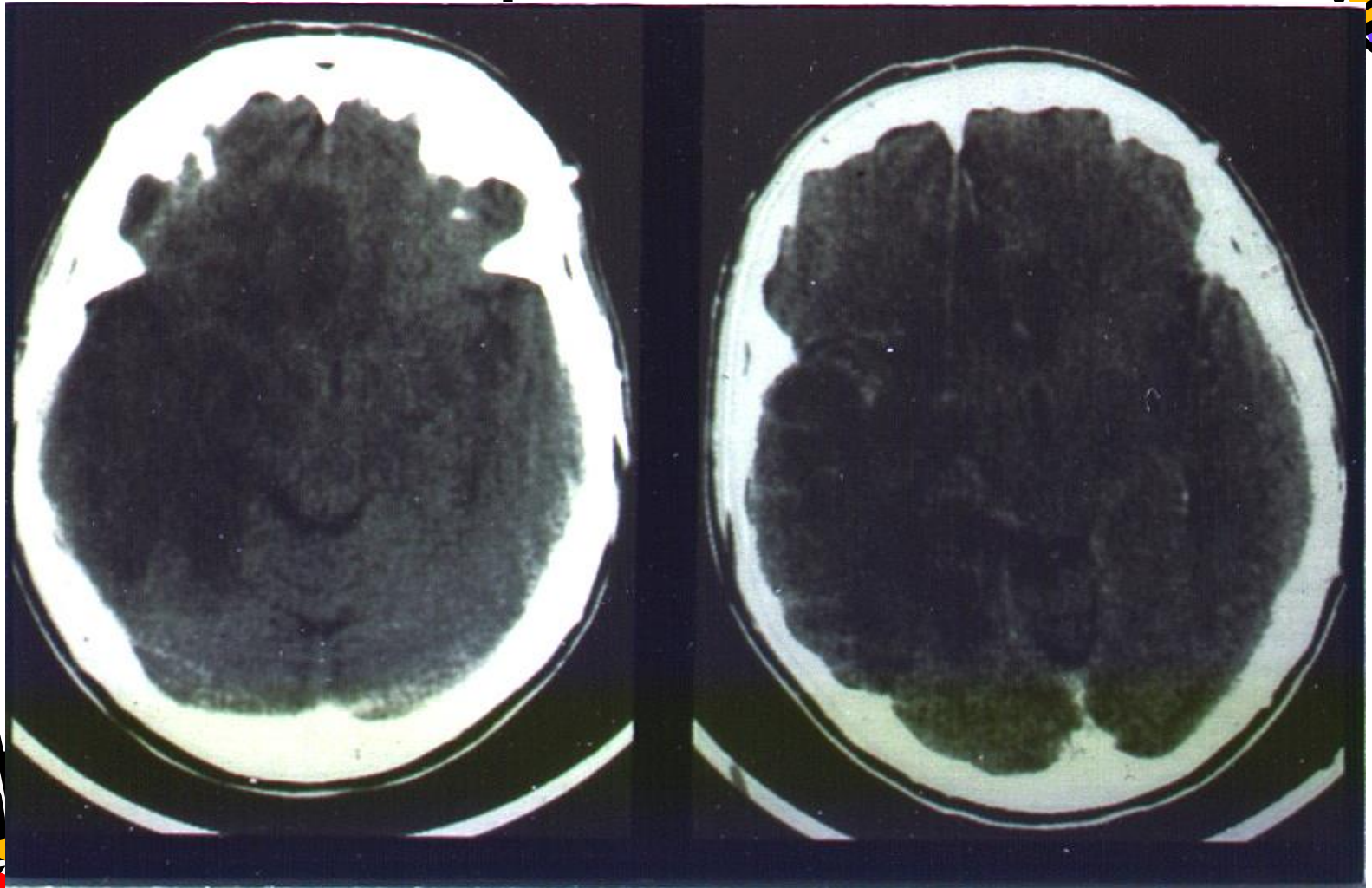
Cerebrovascular Disease



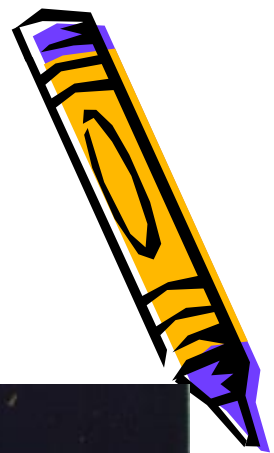
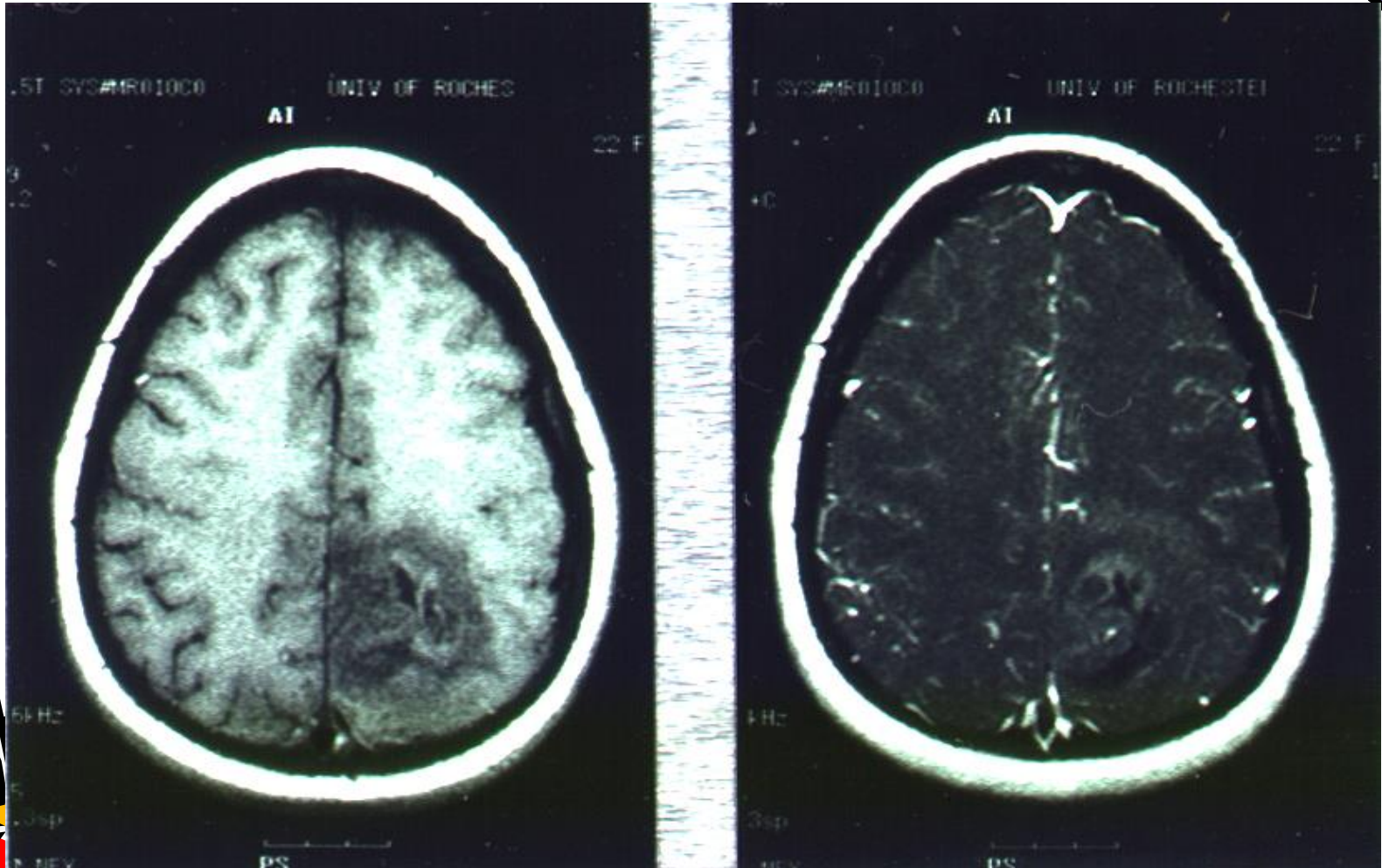
Bacterial infections



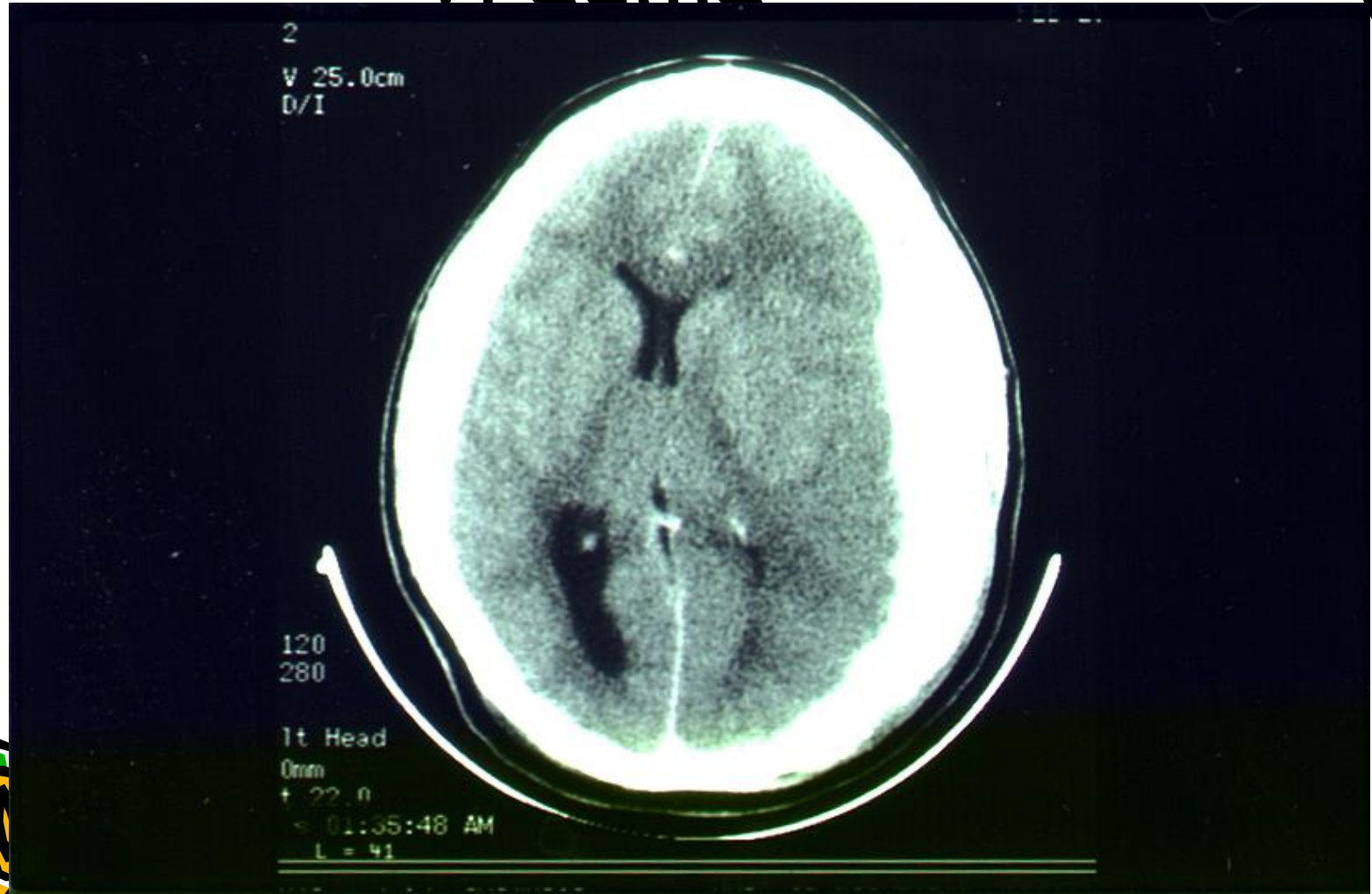
encephalitis



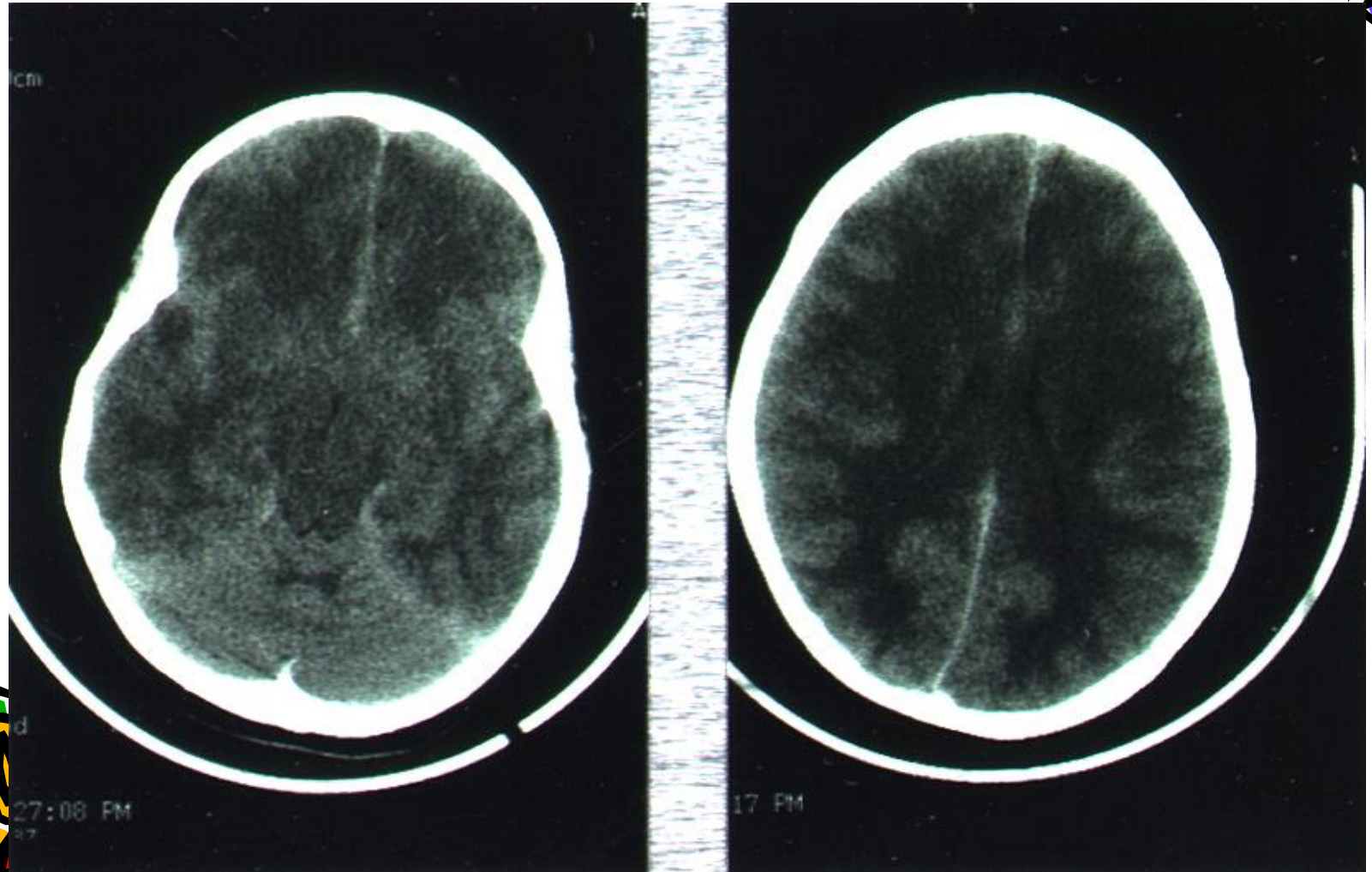
Brain tumors



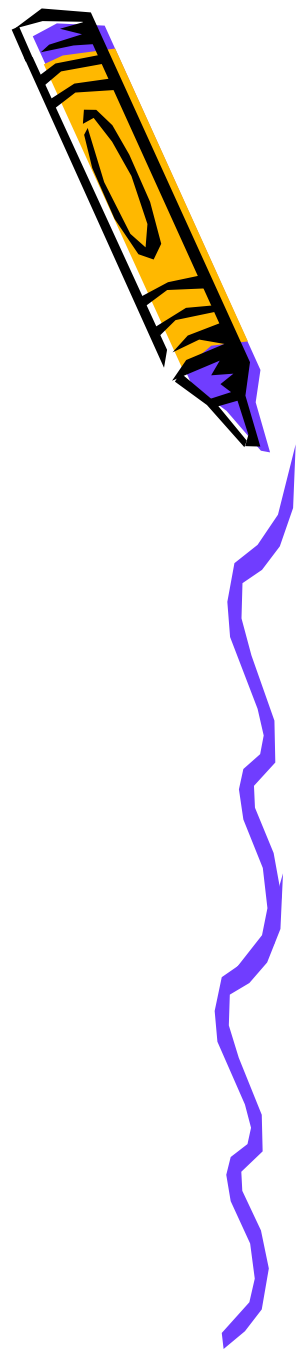
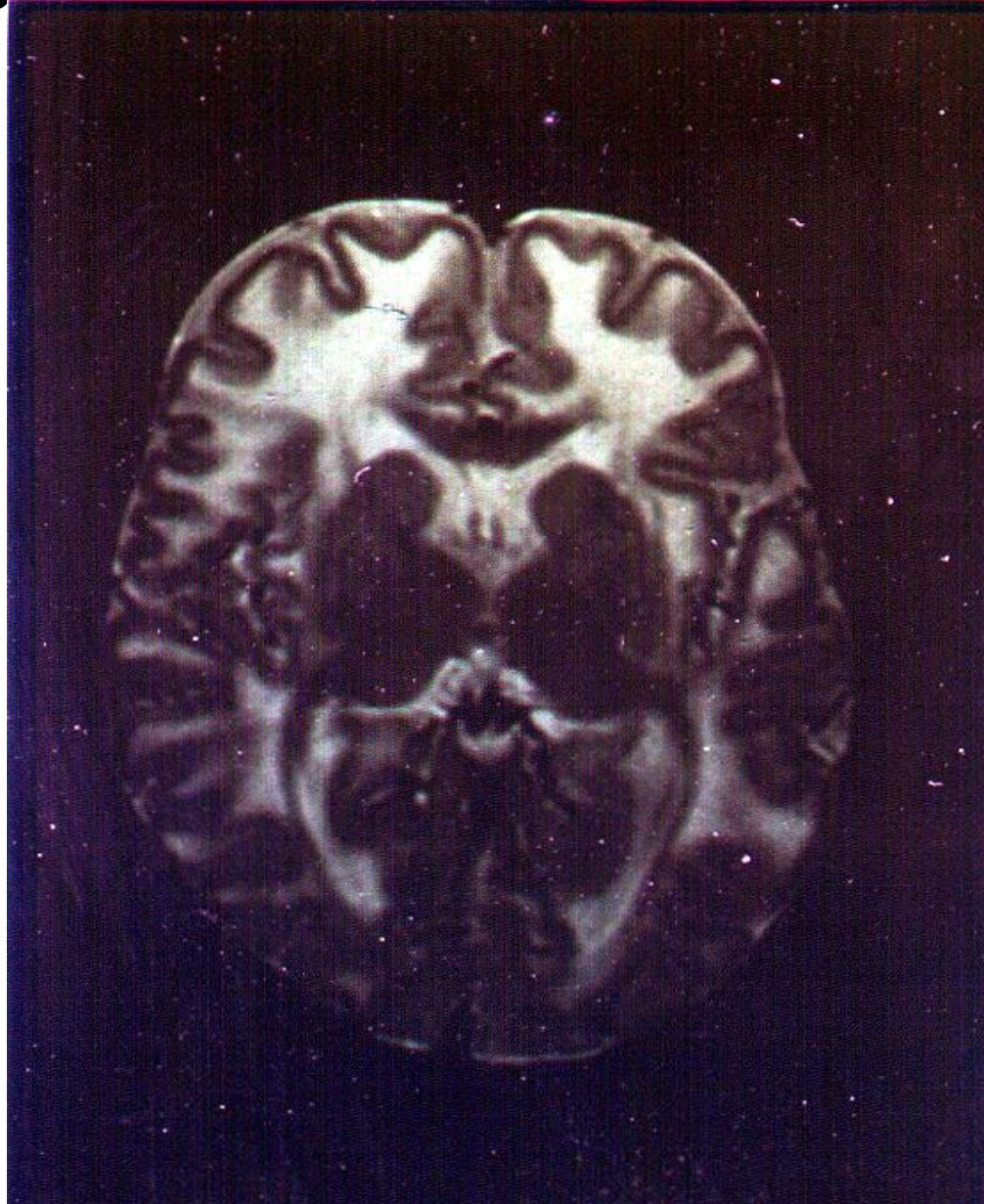
Trauma



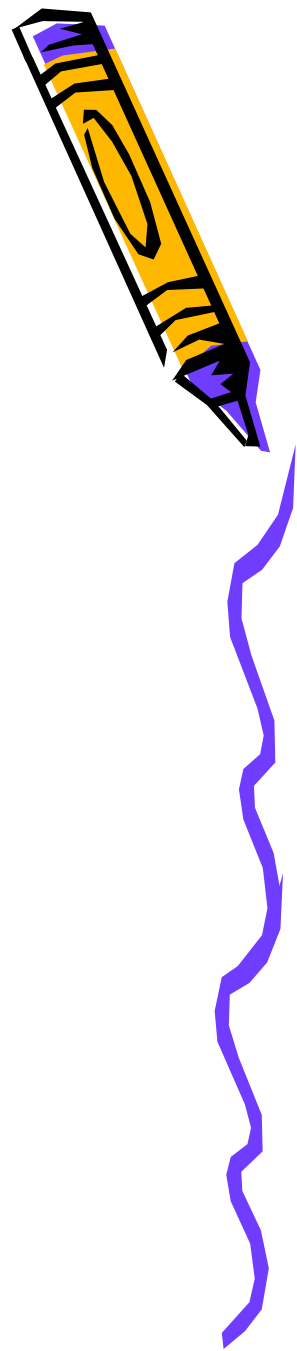
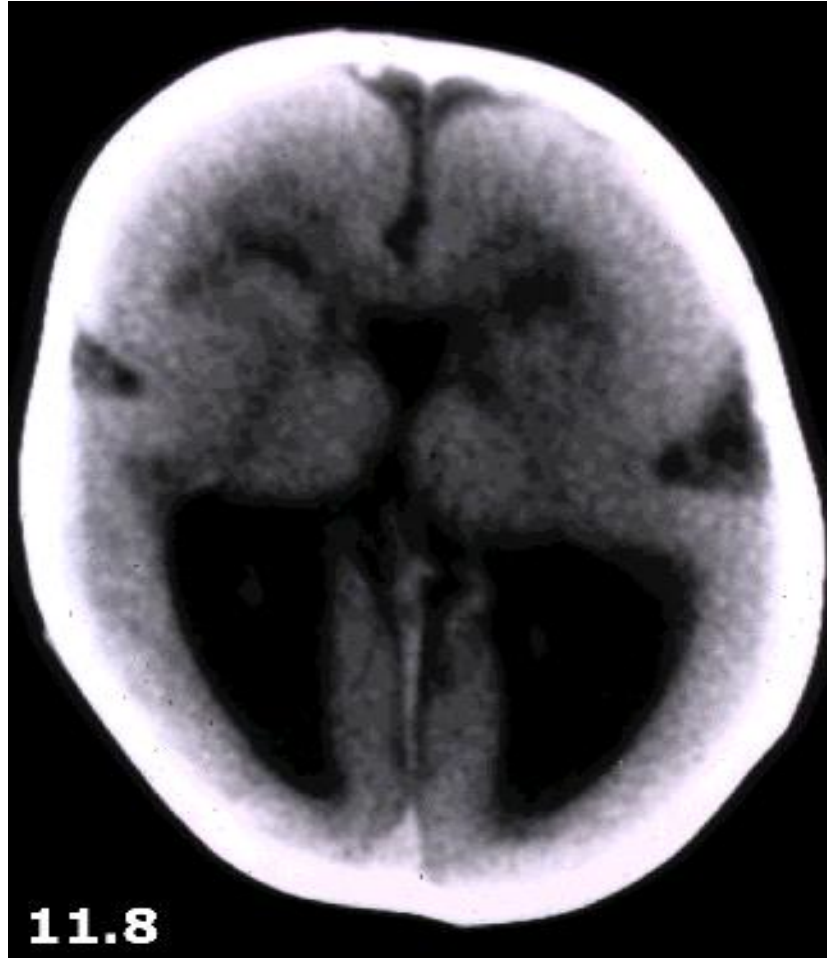
Severe anoxic injury



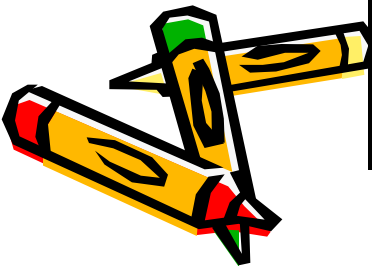
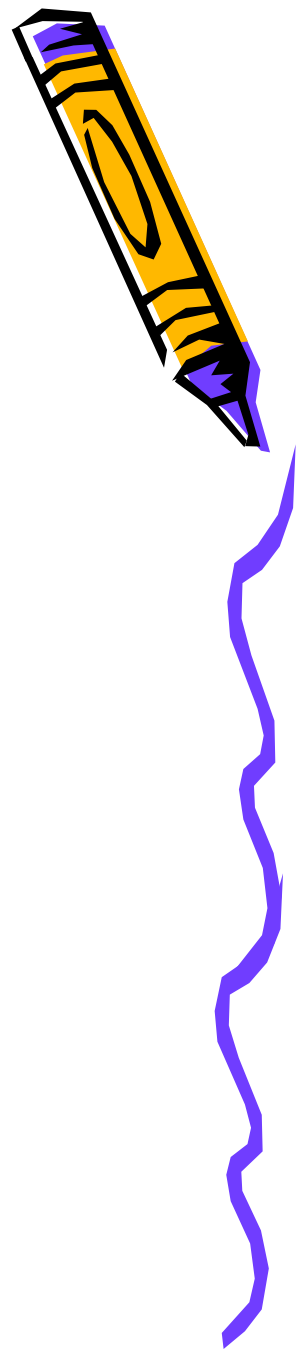
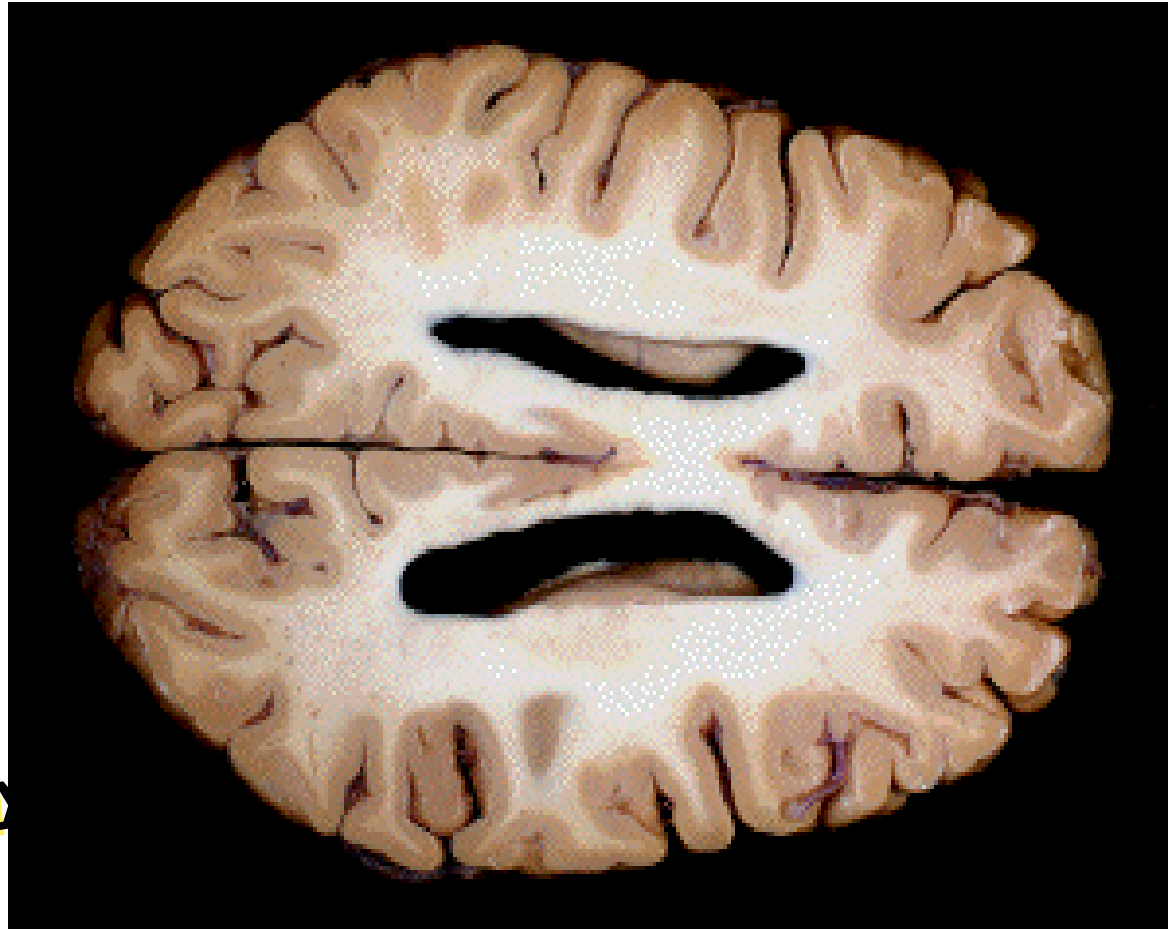
Degenerative diseases



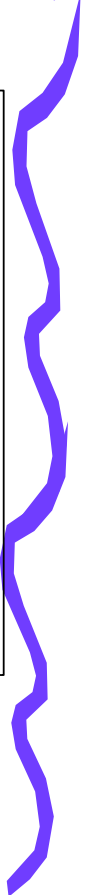
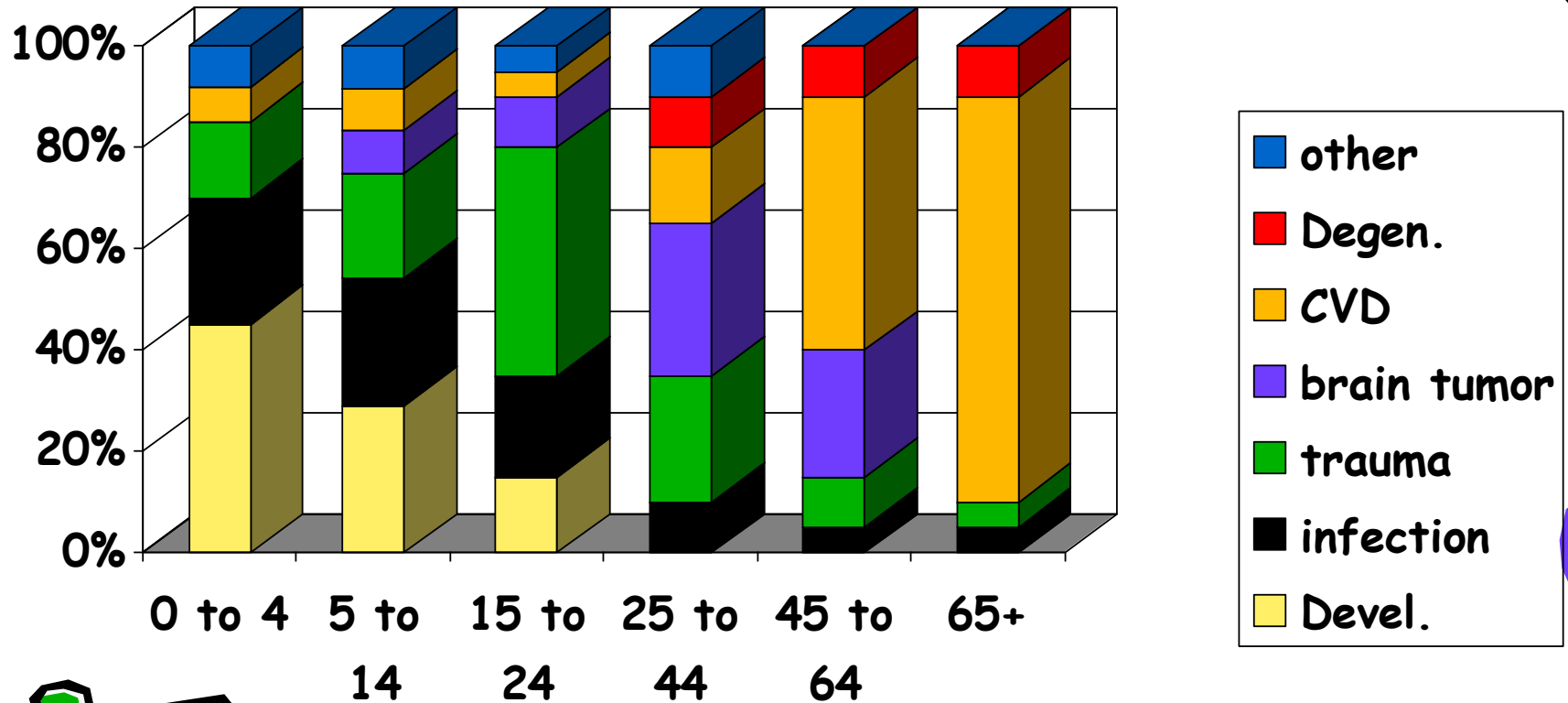
Congenital malformations



Unknown - 50%



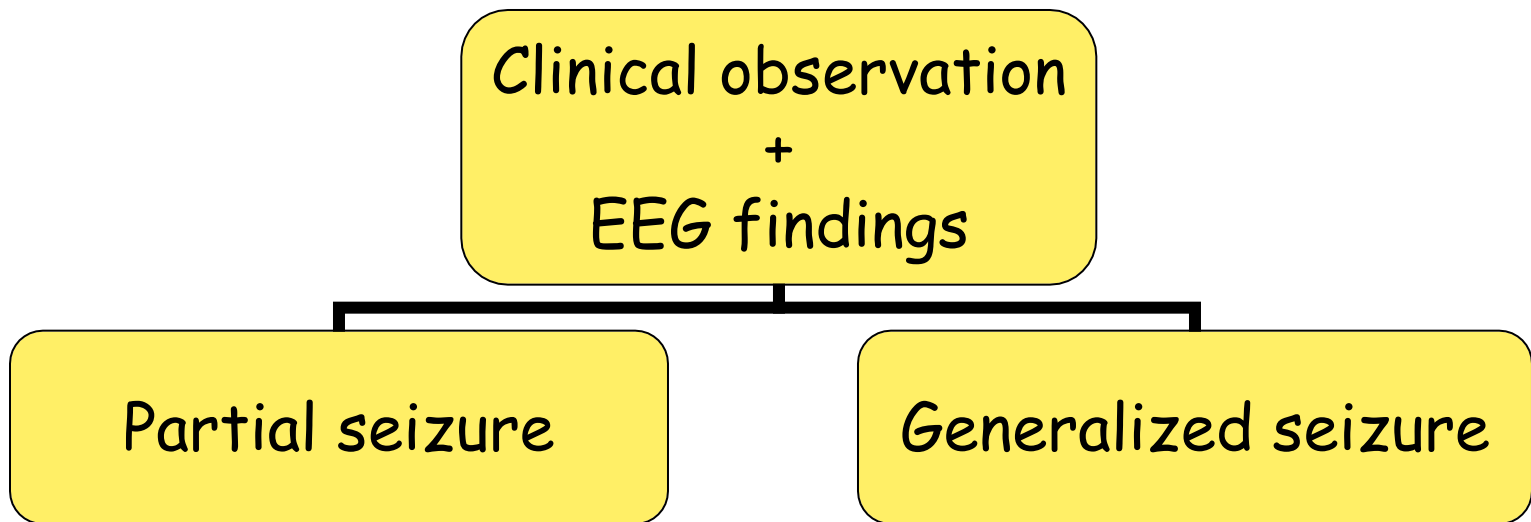
Etiology and age





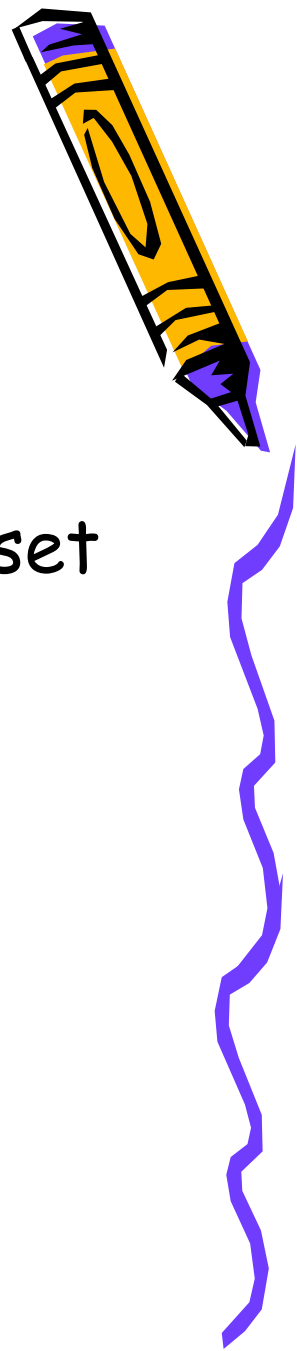
SPEED LIMIT
ENFORCED BY
AIRCRAFT

Seizure Classification



Partial Seizures

- More common in adults than children
- Involves a focal area of the brain at onset
- A warning (aura) often precedes the seizure
- May or may not be associated with an alteration of consciousness
- Usually symptomatic



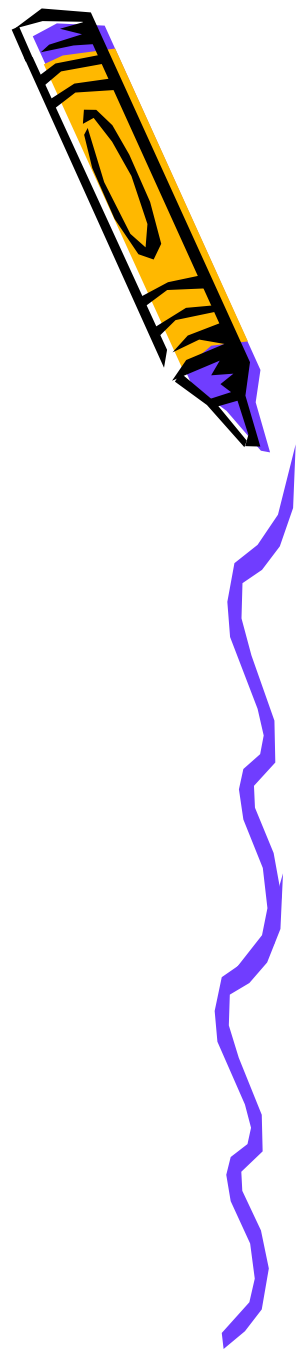
Auras - patient's perspective

- Visual hallucination
- Auditory hallucination
- Tactile sensation
- Motor sensation
- Autonomic sensation

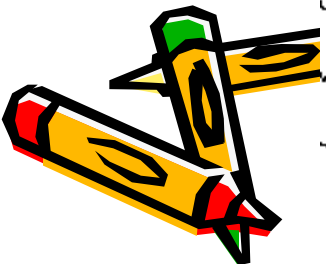
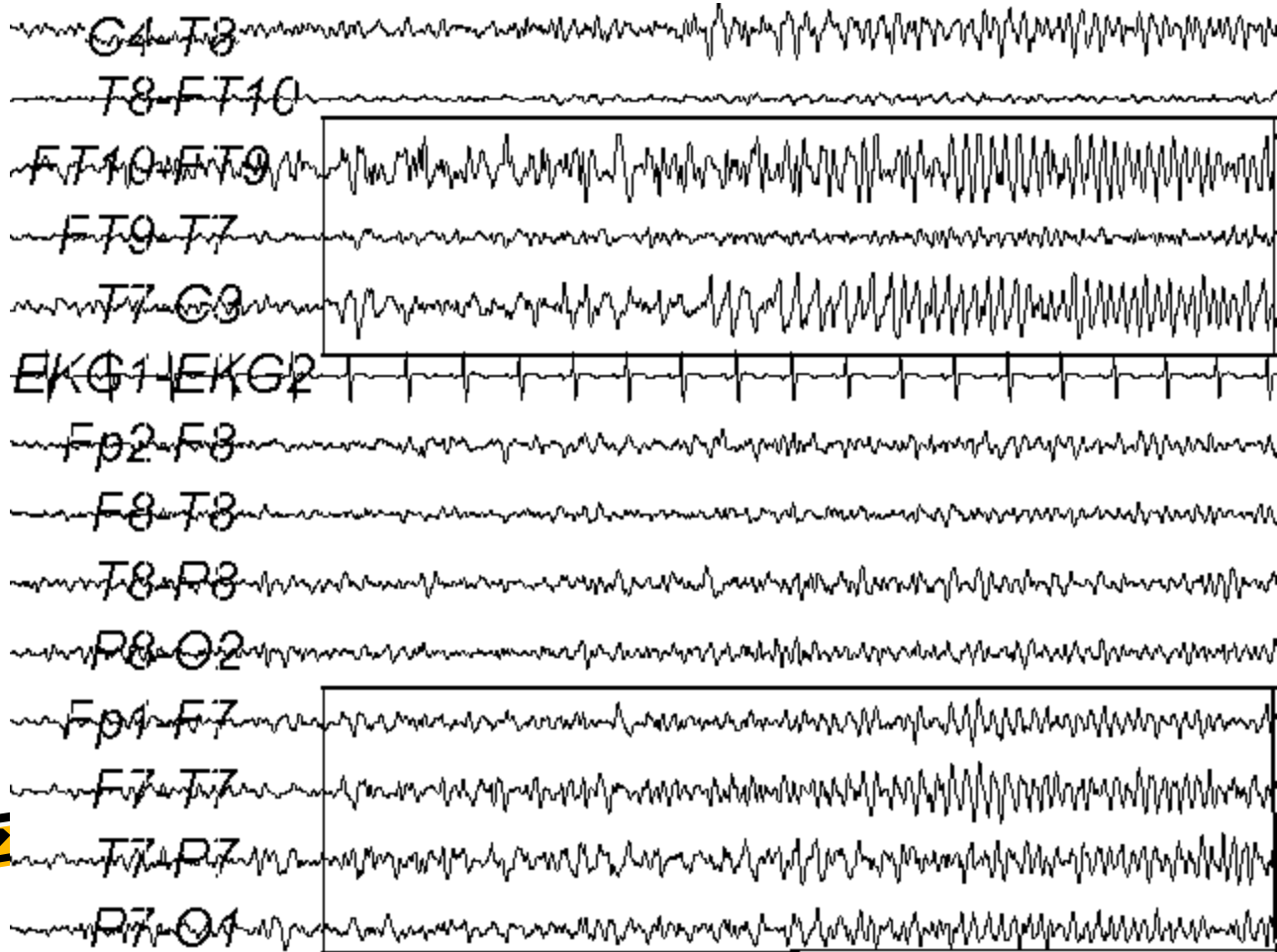


Auras - a bystanders perspective

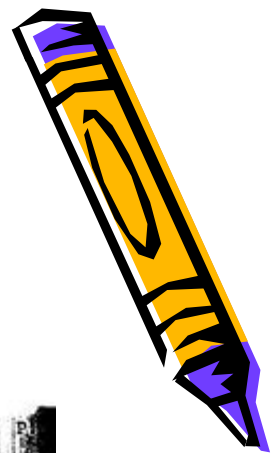
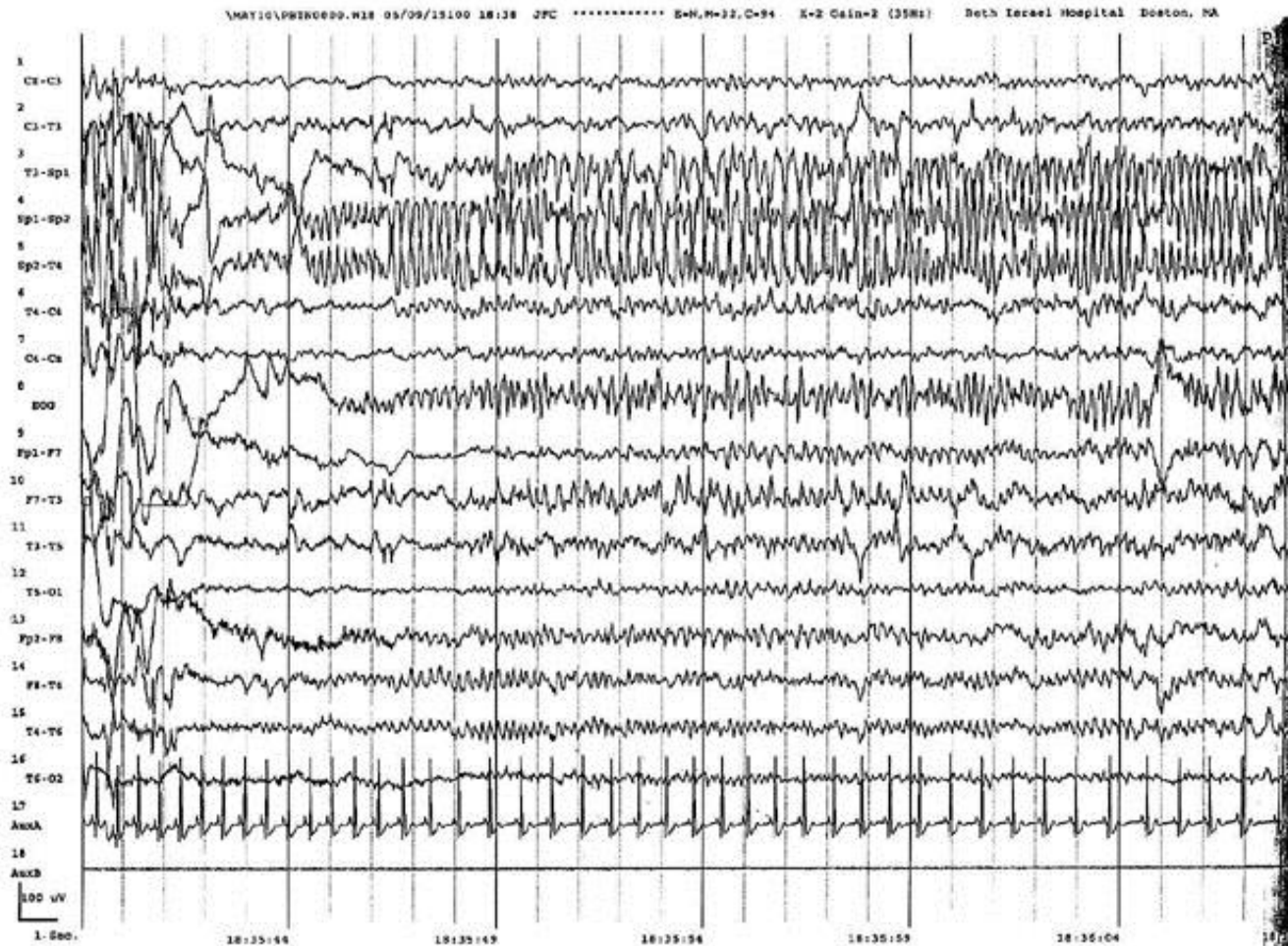
- Pause in activity with a blank stare
- May have an inability to talk
- May have hand or arm posturing
- Eye deviation
- May appear apprehensive
- May turn in a circle
- May run away - random



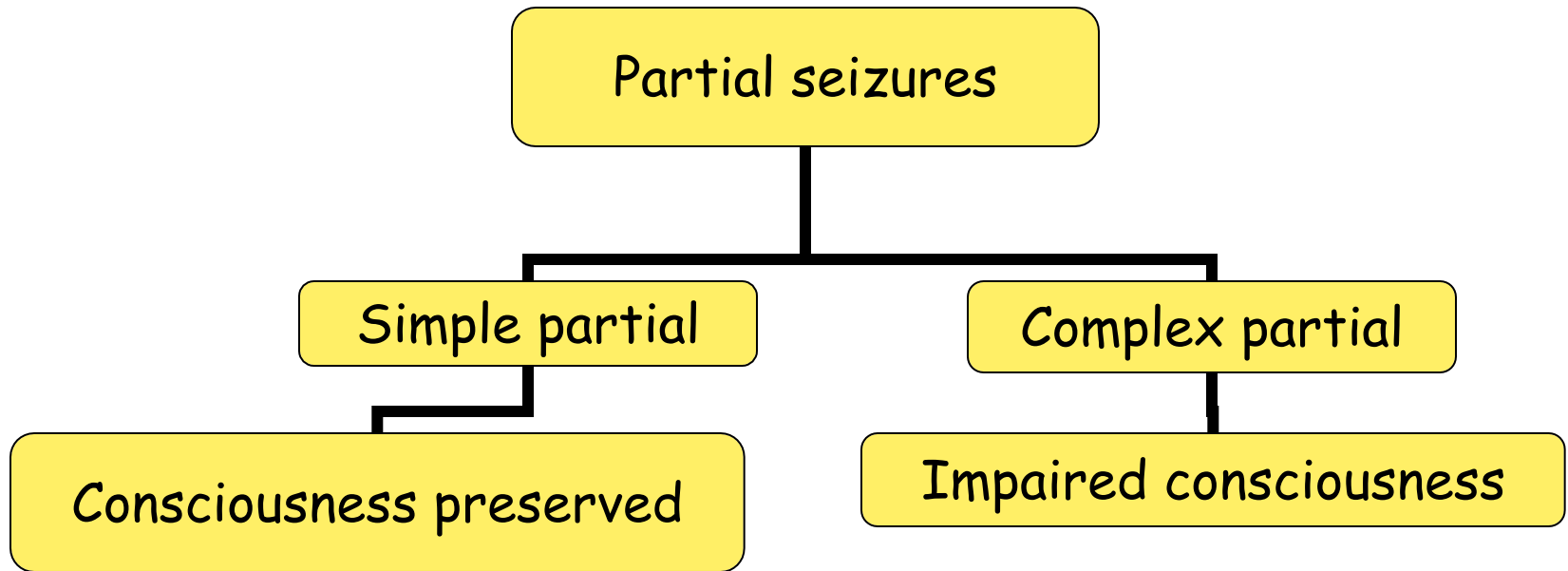
Partial Seizures



Partial seizure



Partial seizure types



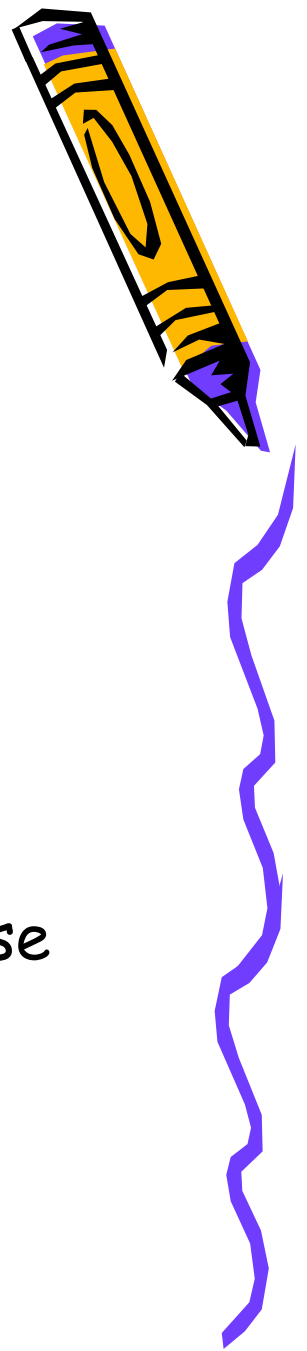
Simple Partial Seizures

- Patient may pause, or slow down.
- Aware of seizure
- Able to comprehend and speak
- Duration: variable
- Post ictal phase: may feel tired



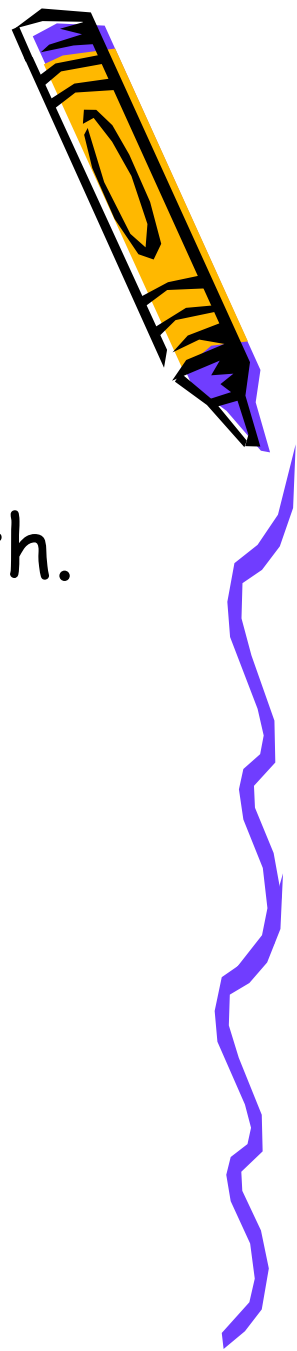
Complex Partial Seizures

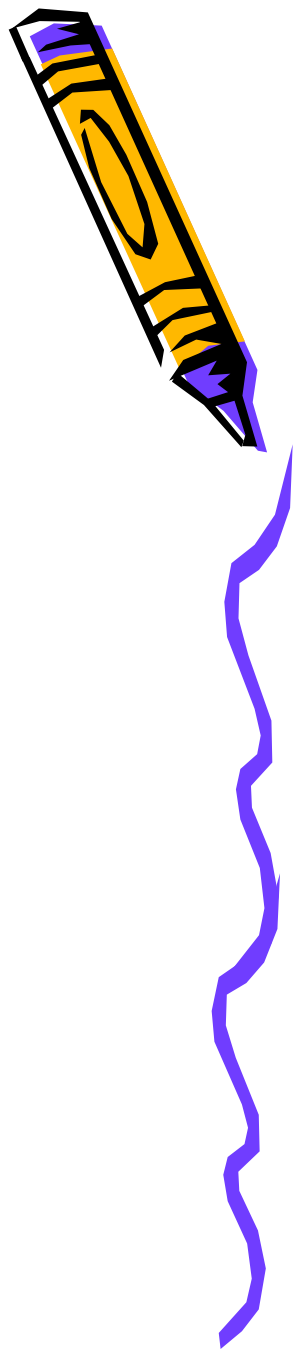
- Usually begin with an aura.
- Alteration of consciousness.
- May exhibit automatisms:
 - Lip smacking
 - Hand posturing
 - Pick at clothing or reach out without purpose
 - Move about in a purposeless manner

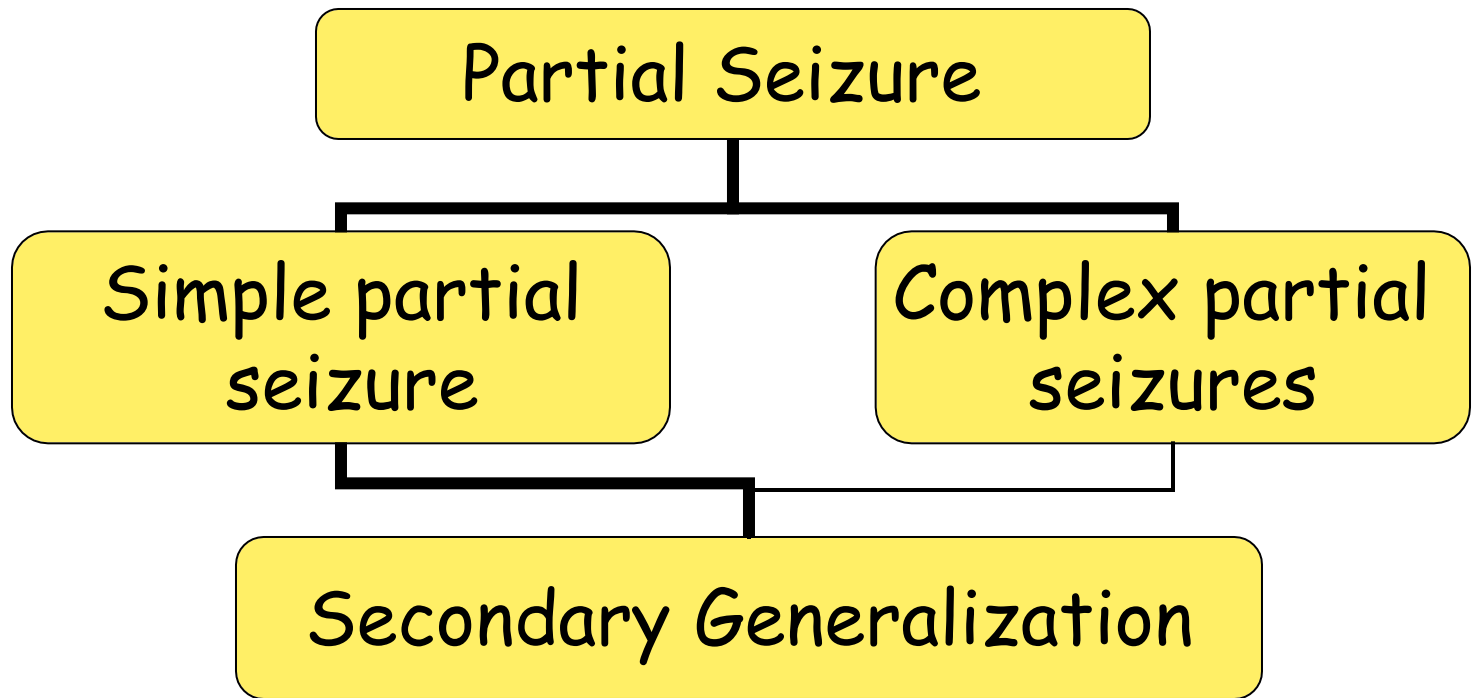


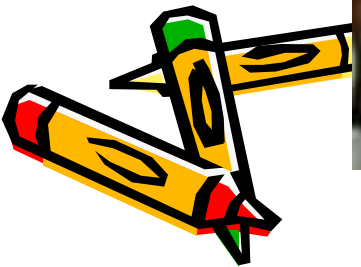
Complex partial seizures

- Duration: usually 2 - 3 minutes
- Post ictal phase is variable in length.
 - Confused
 - Frightened
 - Combative or angry
 - Sleepy or may become hyperactive
 - Amnestic for the event



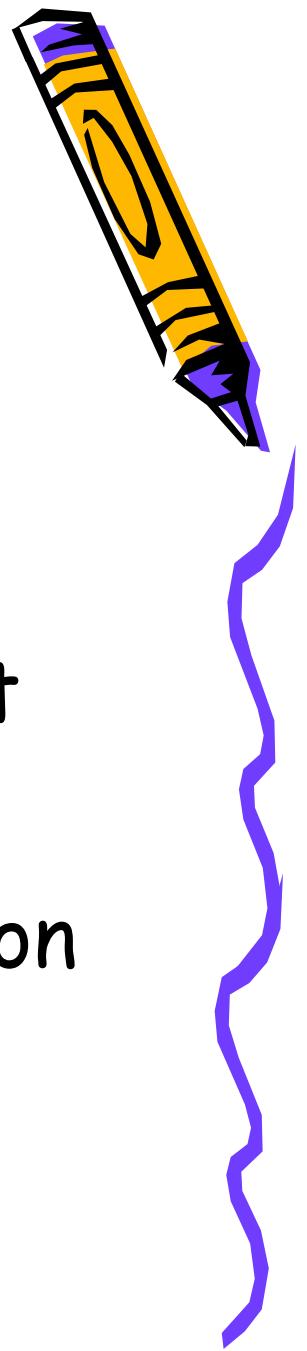




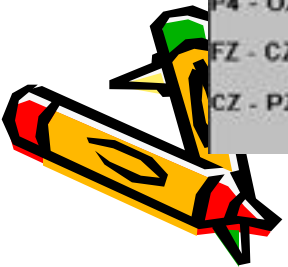
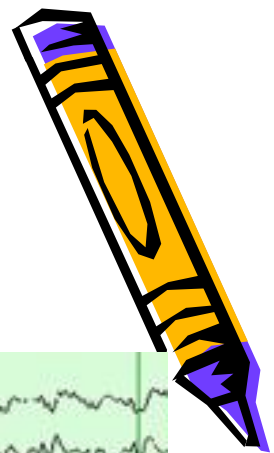
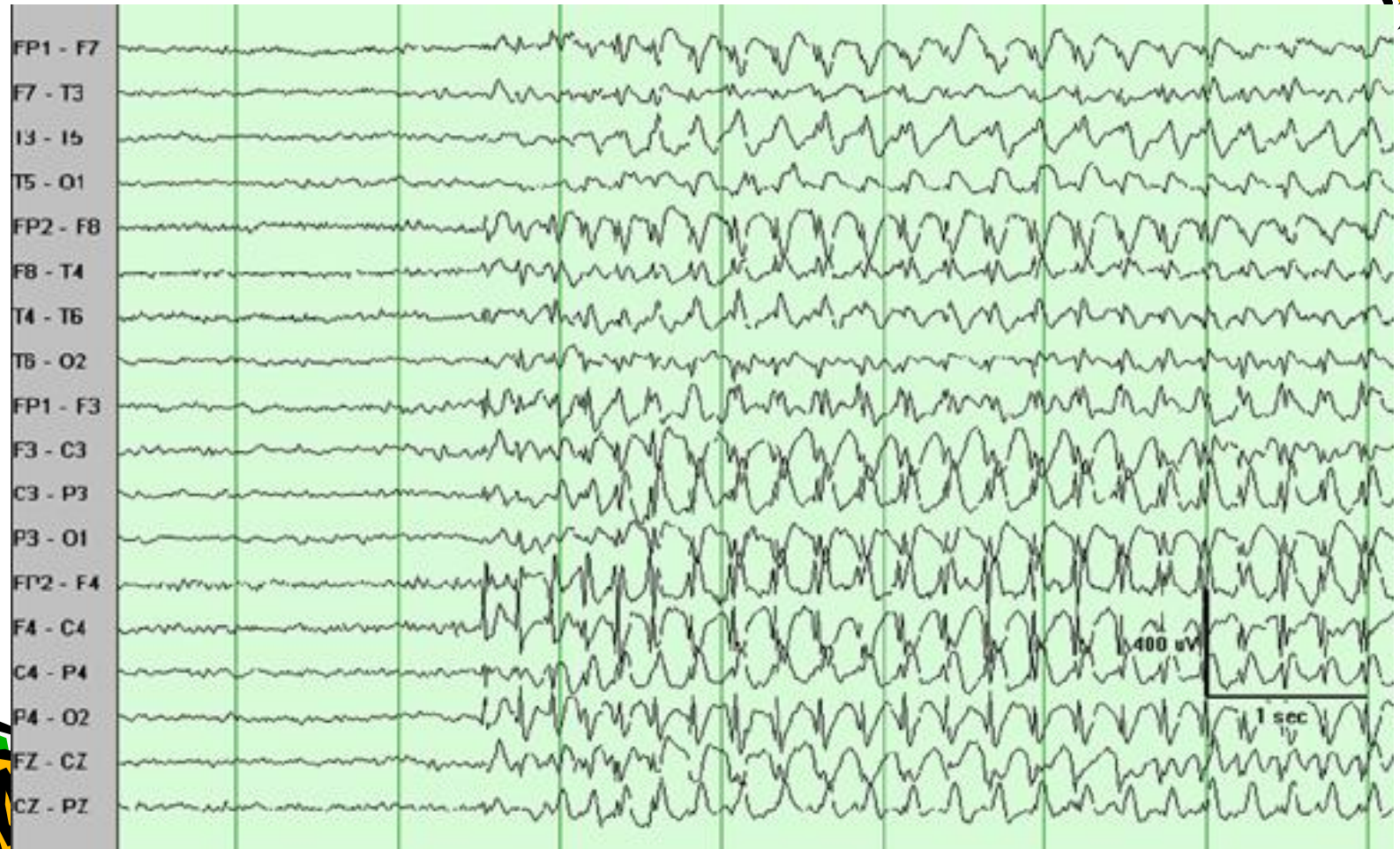


Generalized Seizures

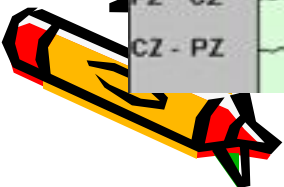
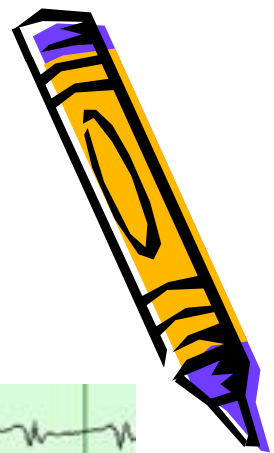
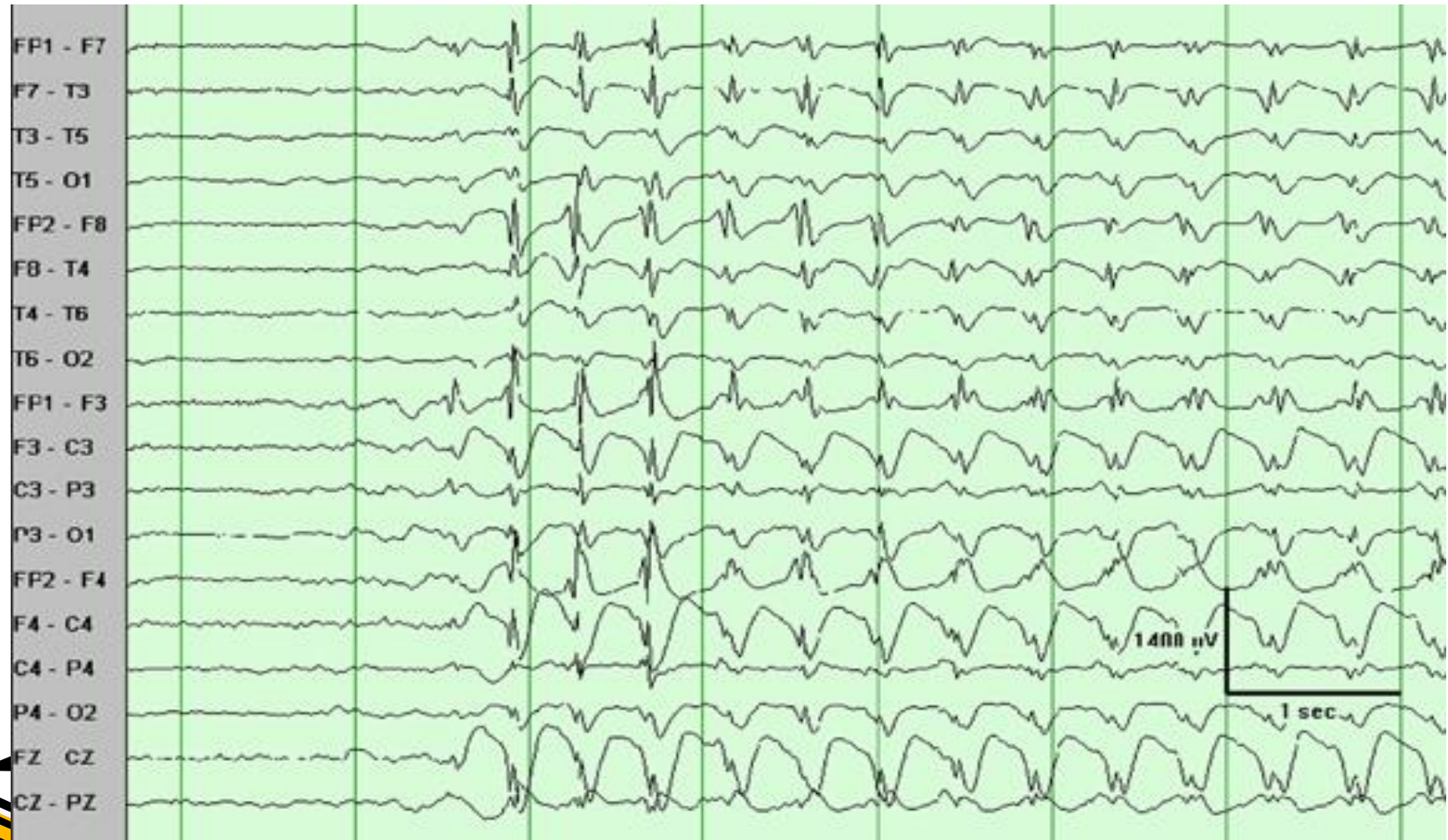
- Occur in 20 - 40%
- More common in children
- Genetic cause suspected with most
- They begin without warning
- Always associated with an alteration of consciousness



Generalized Seizures



Generalized Epilepsy



Generalized seizure types

- Generalized tonic clonic or clonic
- Absence or Atypical Absence
- Myoclonic
- Tonic
- Atonic



Tonic Clonic seizures: aka Grand mal Seizures

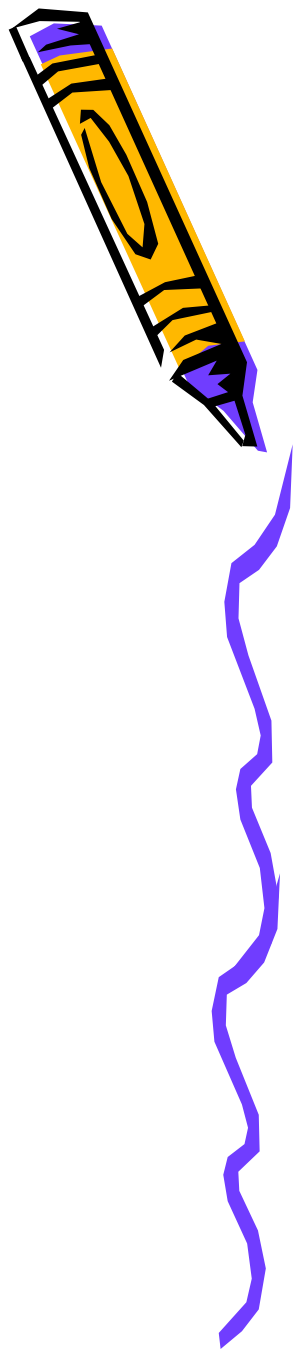
- Abrupt onset
- Loss of consciousness
- Stiffening of the extremities
- Decreased ability to breathe
- Rhythmic jerking
- Duration: 1 - 3 minutes (usually)



Tonic Clonic seizures

- Often associated with tongue biting, and loss of bowel or bladder control
- Post ictal phase
 - Confusion
 - Sleepy may sleep 30 minutes to 4 hours



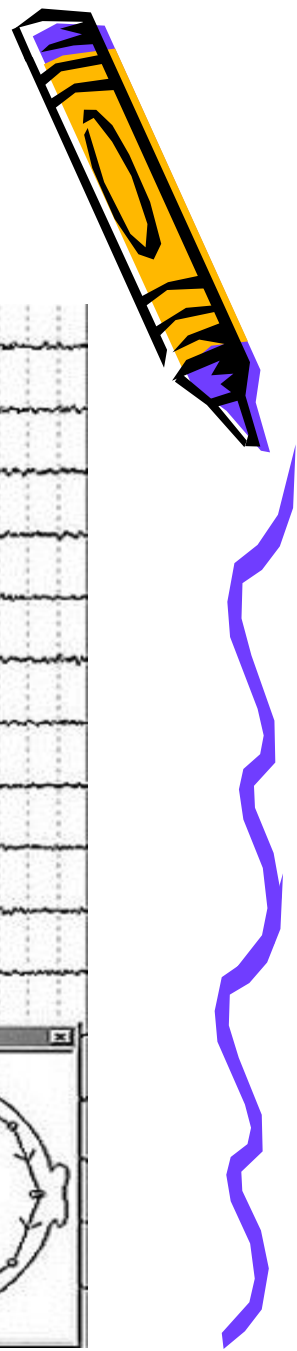
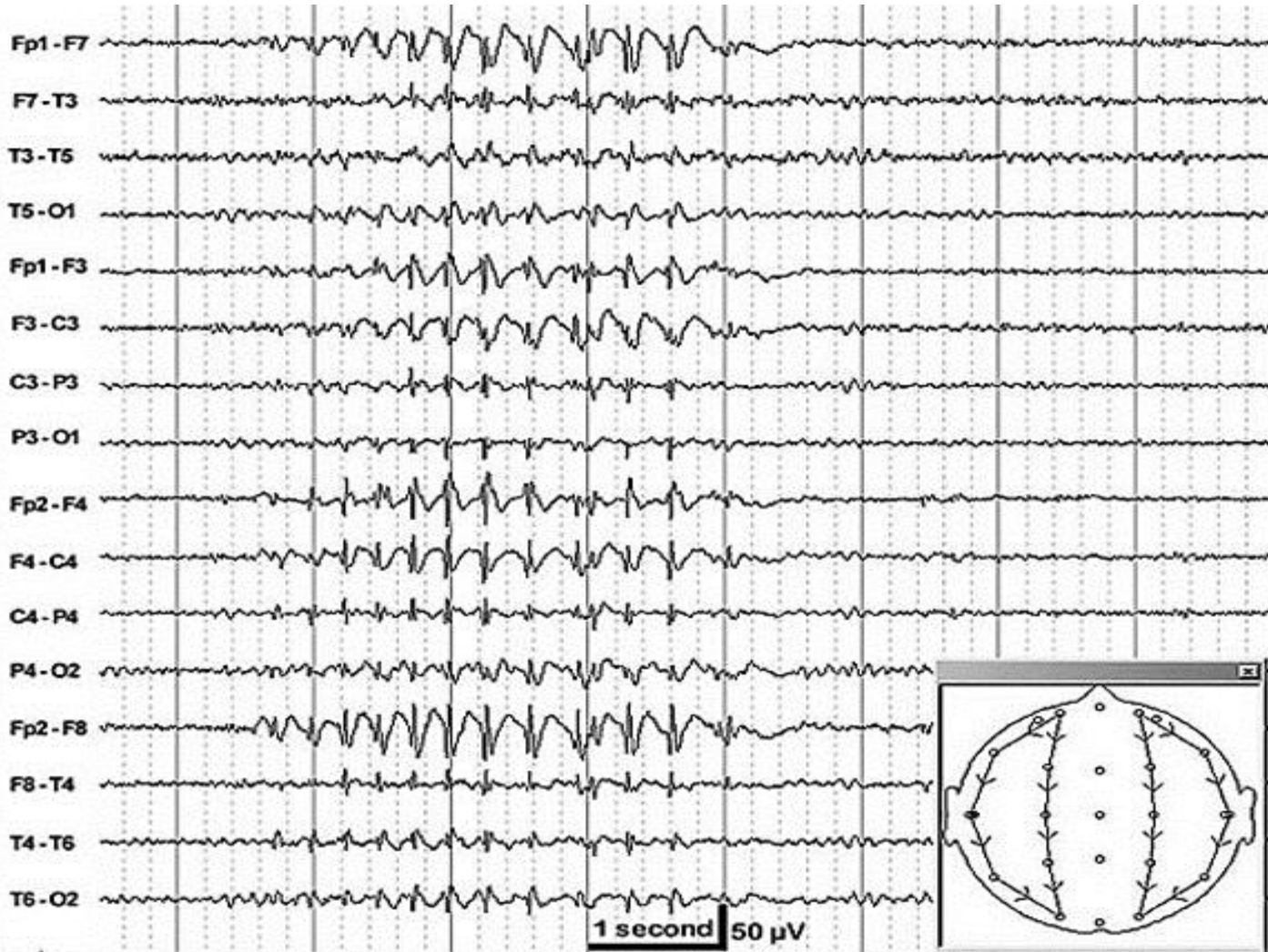


Absence seizures

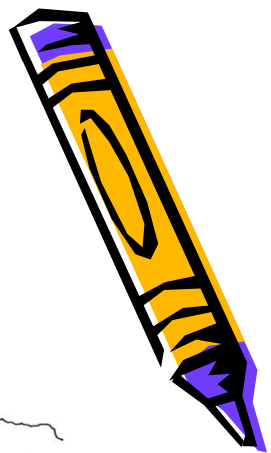
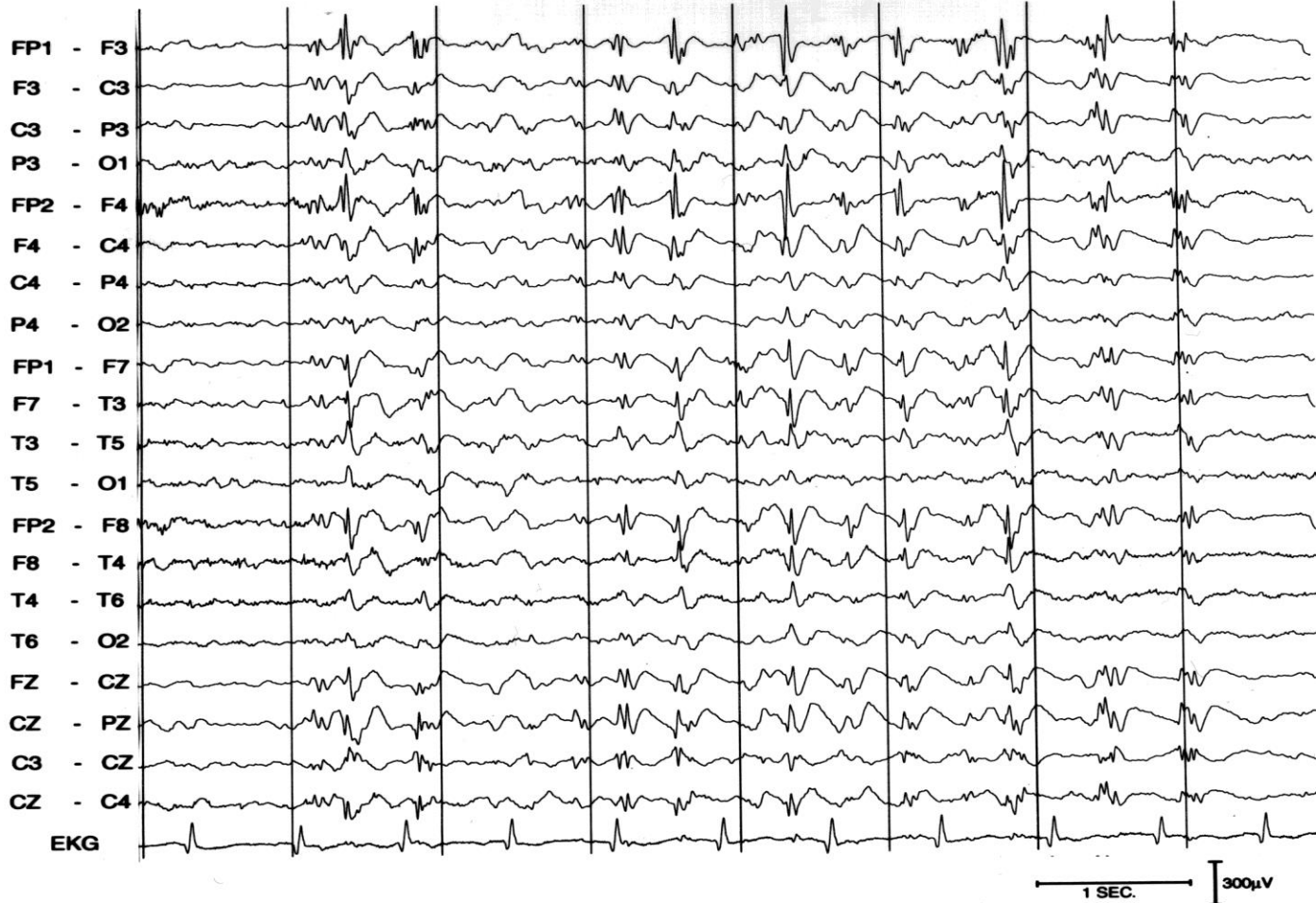
- Brief loss of consciousness (10 - 20 seconds)
- Blank stare
- No post ictal period associated
- May have subtle twitching (myoclonic movements)
- May have simple automatisms

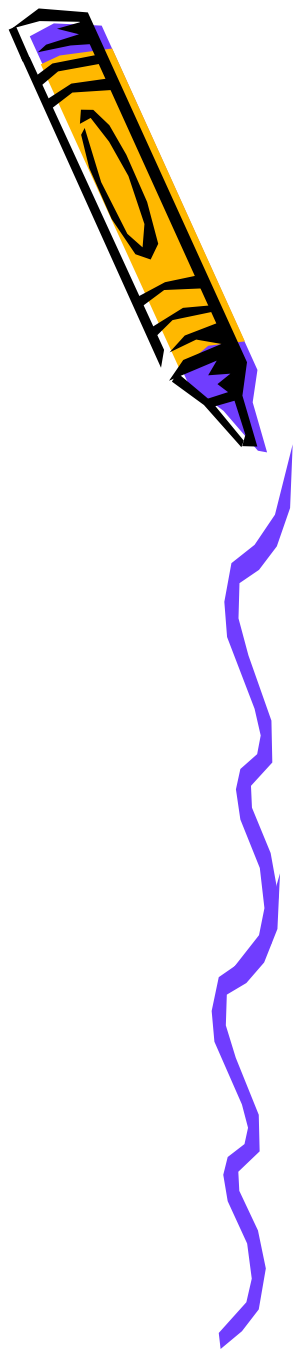


Absence seizure



Atypical Absence

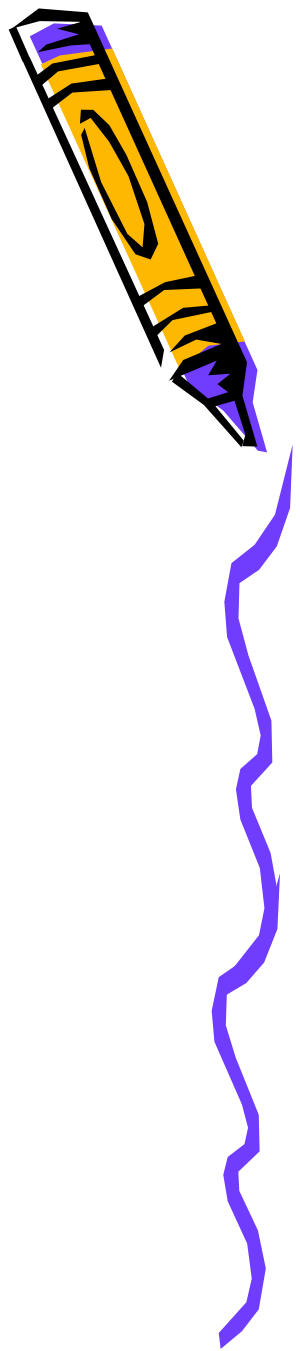




Myoclonic seizures

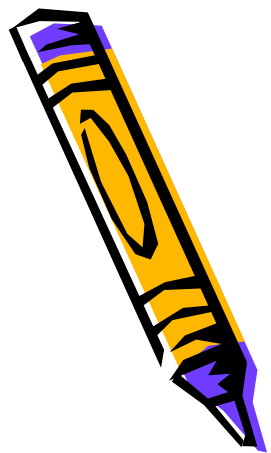
- Generally look like a fast tonic seizure or startle
- Patient will often fall to the ground
- Brief - lasting only a few seconds
- Usually occur in clusters
- No post ictal phase

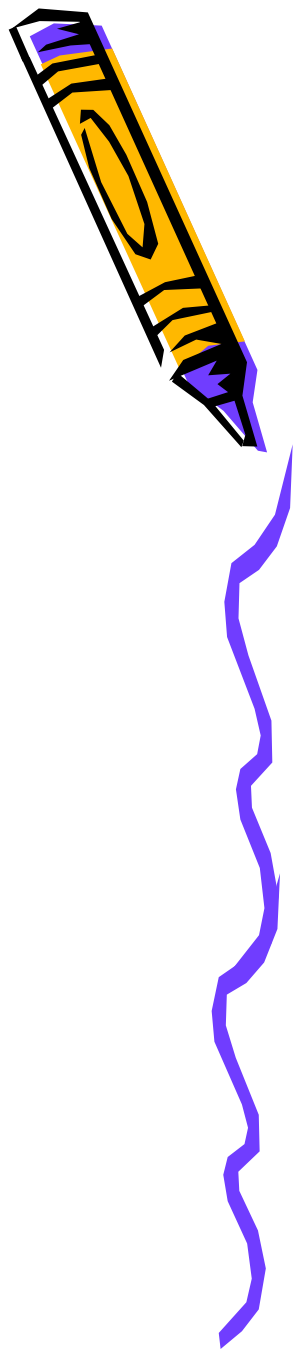




Tonic seizures

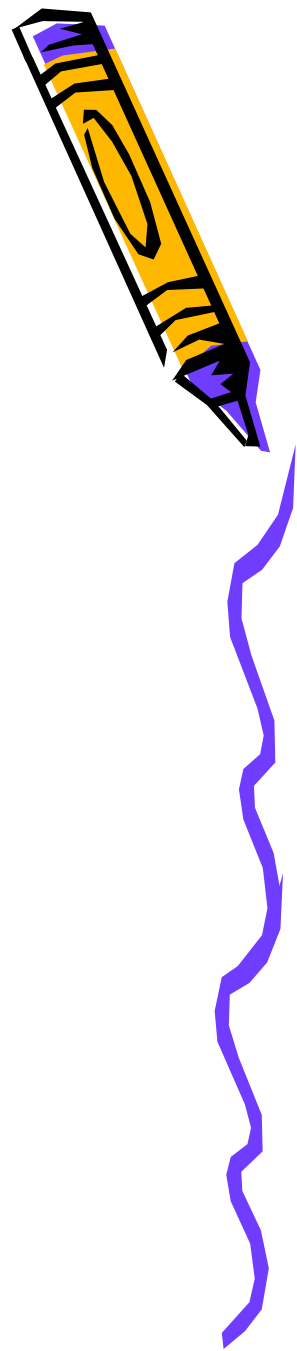
- Patient often yell at the onset
- Arms are up, and extended to the front or side.
- Head drops, and legs may become stiff
- Patient may drop abruptly.
- Duration usually 1 minute or less
- Often poor respiratory effort
- Post ictal phase is variable

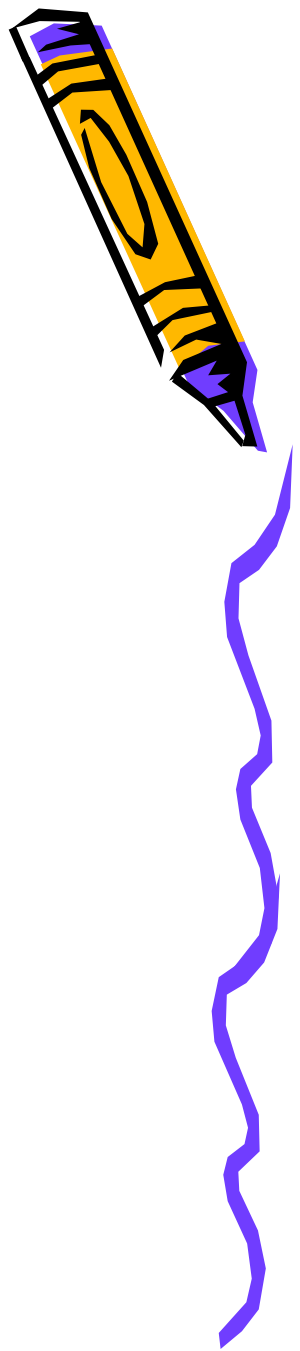




Atonic Seizures

- Sudden loss of muscle tone
- Fall to the ground
- No warning
- Duration: a few seconds





Seizure provoking factors

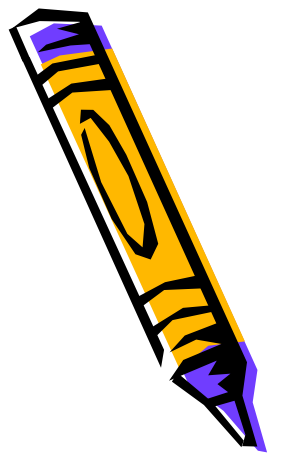


- Insomnia
- Constipation
- Febrile illnesses
- Excessive Excitement
- Excessive Stress
- Medication changes



Treatments

- Medications
- Surgery
- Dietary



Medications for Generalized seizures

- Depakote
- Lamictal
- Klonopin
- Felbatol
- Zonegran



Medications for Partial seizures

- Tegretol
- Neurontin
- Gabapril
- Trileptal



Medications for either type

- Phenobarbital
- Dilantin
- Topamax
- Keppra



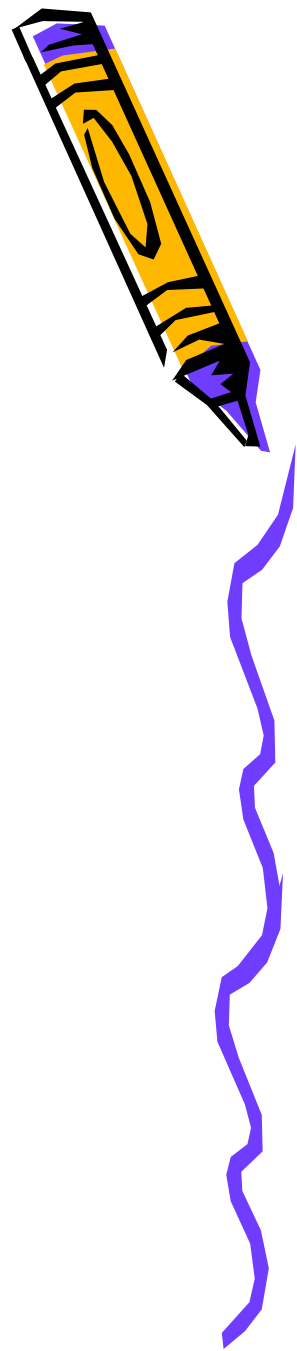
Surgical intervention

- Vagal Nerve Stimulator
- Temporal lobectomy
- Corpus Callosotomy
- Subpial transection



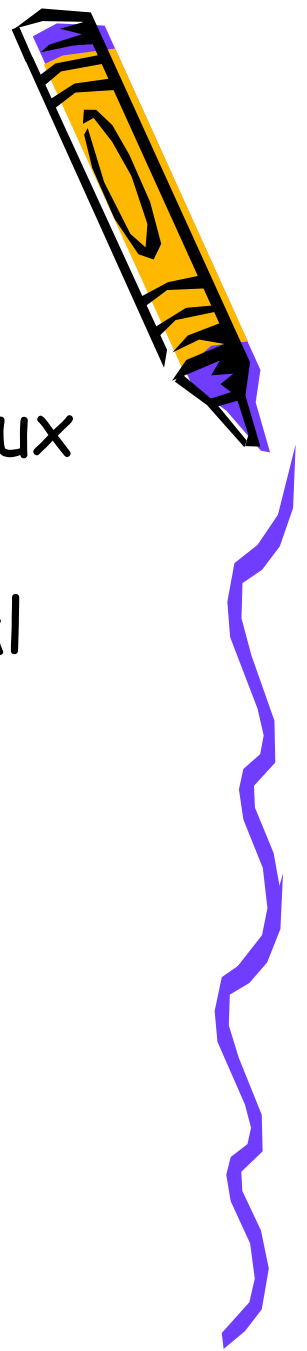
Dietary intervention

- Ketogenic Diet
- Atkins Diet?



Non epileptic events

- Syncope
- Cardiac arrhythmia
- Breath holding spell
- Panic attacks
- Movement disorder
- Hypoglycemic episodes
- Esophageal reflux
- Sleep disorder
- Benign nocturnal jerks
- Psychogenic episodes
- Menses
- trauma





Seizures First-Aid and Safety Issues

Carla Fedor, RN

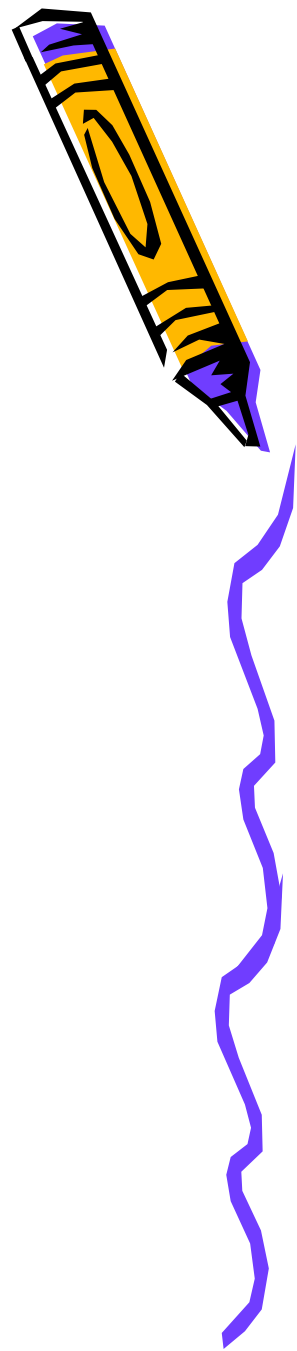
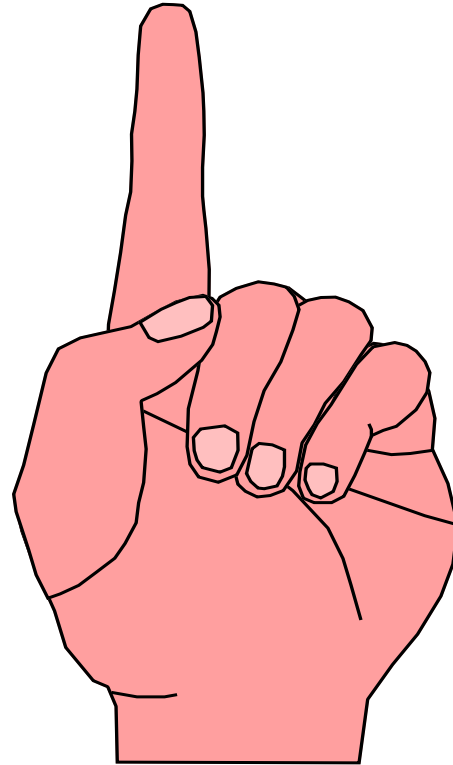
Continuum of Care Project, UNM



The Do's

DO

- Stay Calm
- Protect from injury
- Move surrounding objects away
- Position on floor or soft surface

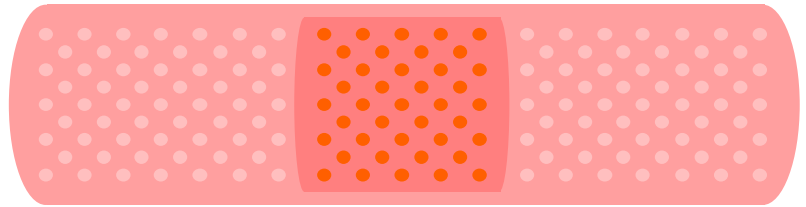


The Do's



DO

- Protect airway
- Place head on pillow
- Loosen clothing
- Place on left side

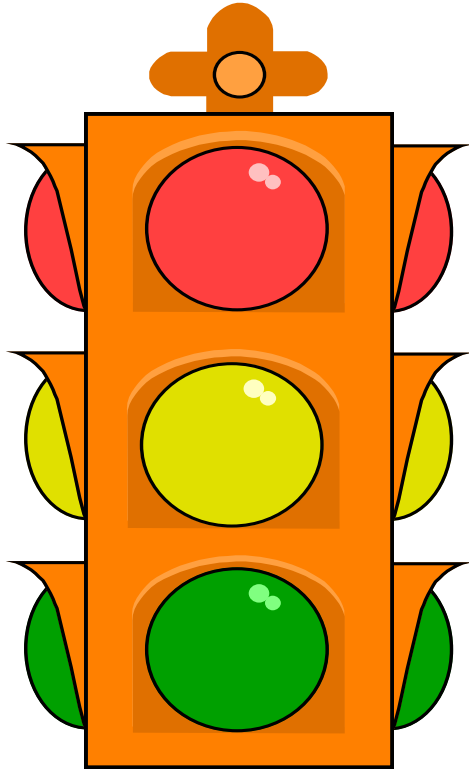


The Don'ts

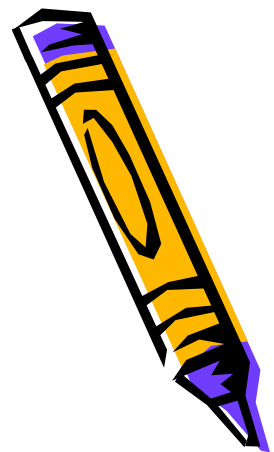
- Do not panic!
- Do not try to stop the seizure
- Do not place objects in mouth
- Do not try to restraint them

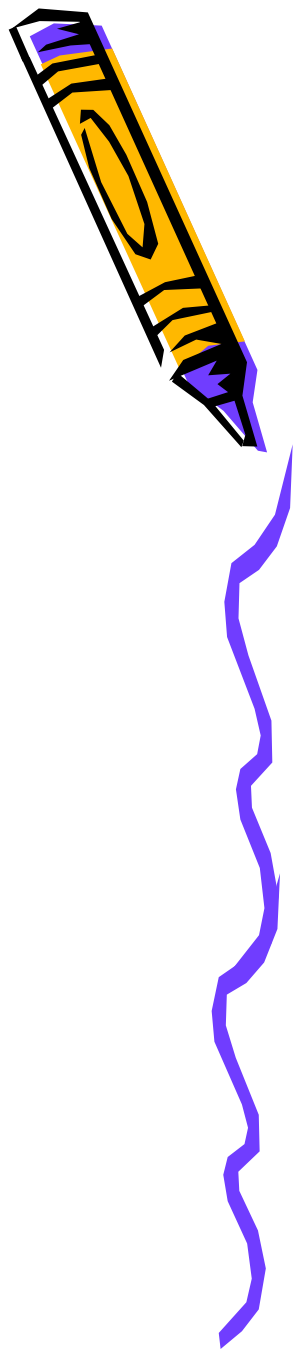


A Seizure Becomes an Emergency



- Any **first time seizure**
- When it compromises respiration
- When it has lasted >5 minutes
- >2 seizures in 10 minutes
- Unusual event for the client
- As defined in the Client's ISP or Crisis Intervention Plan
- **Associated with trauma**





Special Considerations

In a Wheelchair, Stroller or Bus

- Do not try to remove them from this Position
 - The seat provides support.
 - Moving the person puts you and the client at risk of injury.
 - You may provide extra padding, move footrests or take steps to protect limbs from injury.
 - Always continue to monitor airway



Special Considerations

- Loosen but do not unfasten seat belts
- They may need to be taken out of the chair after the seizure
- Always follow the protocols in the clients ISP or Crisis Prevention Plan
- Follow Agency Protocol for follow up care

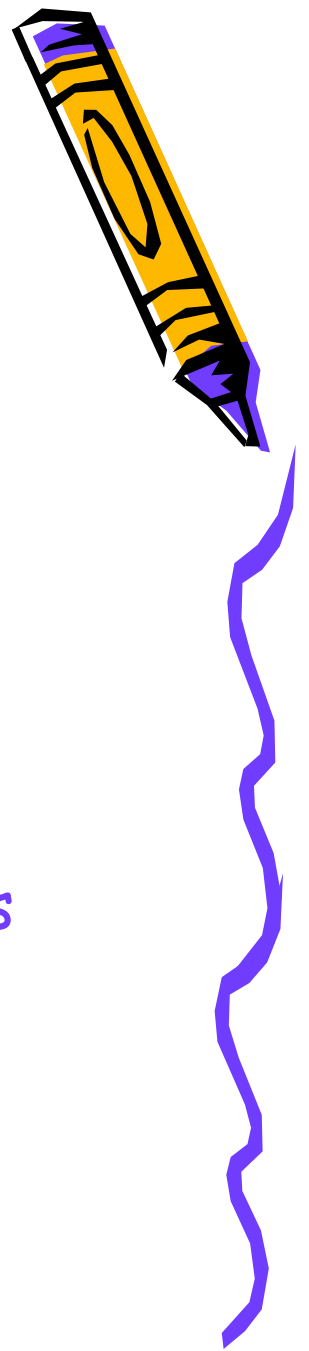


Safety Issues

- At home
- At work



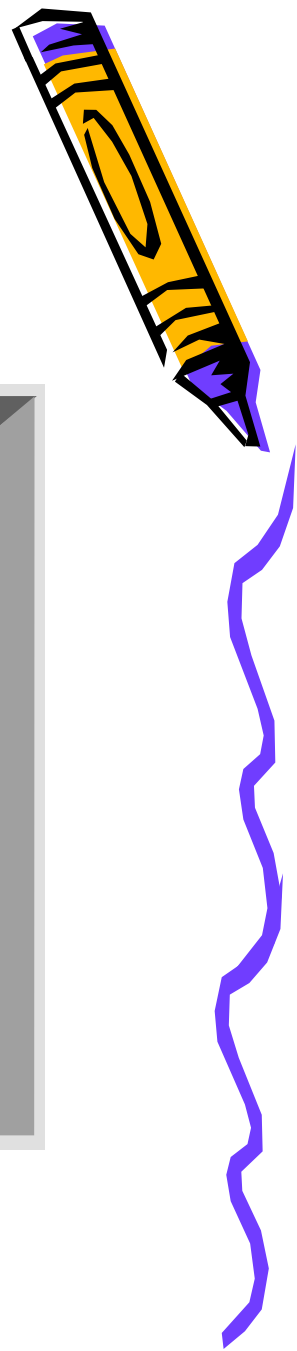
Safety Issues: HOME



- Around the House
 - Pad corners, rounded corners
 - Carpet with extra padding underneath
 - No top bunks
 - Low bed or mattress on the floor
 - Place guards around fireplace or wood stoves
 - Monitor in the bedroom



Safety Issues: HOME



- Bathroom:

- Supervise shower
- Do not lock doors
- Keep water levels low in tub
- Set lower temperature on water heater
- Doors opening outwards instead of inwards



Safety Issues: HOME



- Kitchen

- Use Plastic containers/dishes
- Use microwave instead of stove as much as possible
- Supervision with knives or sharp objects



Safety Issues: **WORK**



- In the workplace:
 - have a place to rest
 - keep extra set of clothes
 - take regular breaks to avoid fatigue
 - avoid flashing lights
 - special safety around machinery



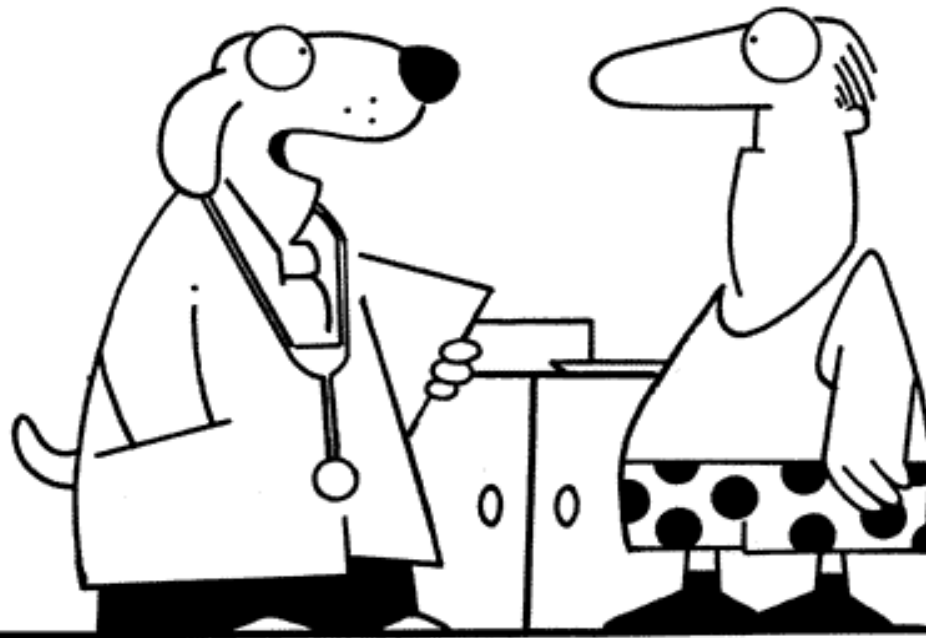


Getting the Most out of Your Doctors Visit

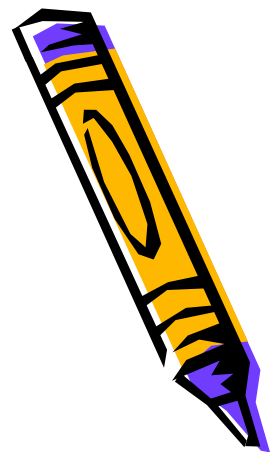
Working Effectively with
Physicians



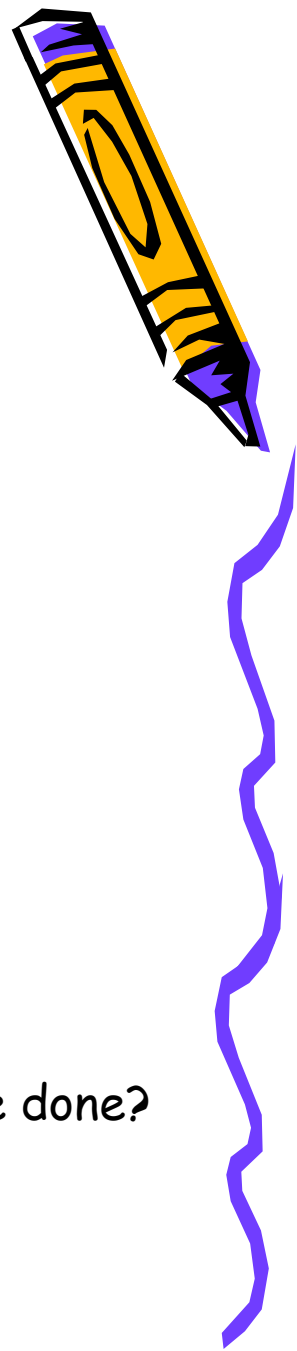
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“Play some Frisbee, chew on an old sock, bark at a squirrel. If that doesn’t make you feel better, eat some cheese with a pill in it.”



Working Effectively with Your Doctor



Getting the Most out of Your Doctors Visit

Types of Office Visits

What is an emergency

Routine Care

Health Maintenance

Communication

Talking to the Doctors

Forms

Getting Your Questions Answered

Follow Up Care

Who is responsible to make sure recommendations are done?

Scheduling Appointment for Follow ups

Specialists/Referrals

Tests/Results



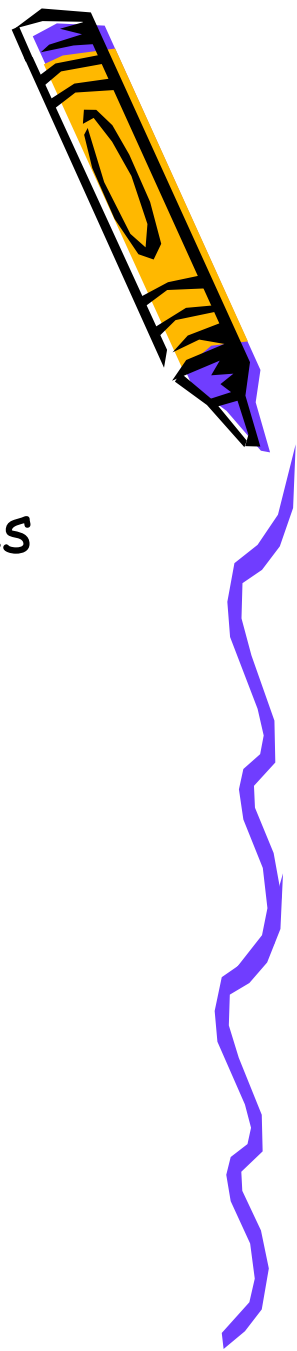
3 Types of Doctor Visits

- **Emergency room**
 - The client requires immediate attention
- **Acute care visit**
 - Will not improve until treated, but can wait a short time until the office opens or the doctor is available.
- **Health Maintenance**
 - Can be arranged several weeks in advance



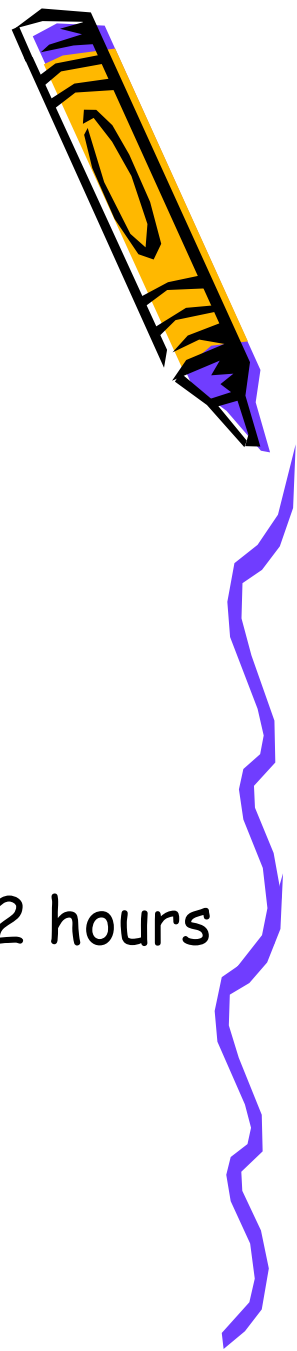
Appropriate ER Visits

- Difficulty breathing
- Severe chest pain or heart attack
- Severe Bleeding/wound requiring stitches
- Severe Burn
- Persistent fever of 103 degrees or over
- Known or suspected poisoning
- Status Epilepticus or prolonged seizure
- Broken Bone (after hours)
- Broken Bone with open wound



Appropriate ER Visits

- Severe allergic Reaction
- Unconsciousness
- Severe Pain
- Vomiting Blood or "coffee grounds"
- Suicide Attempt
- Eye Trauma
- Possible Sexual Abuse within the past 72 hours
- Open Human Bite wound
- Sudden/Acute Mental status changes



Acute Care

- Same Day or next day Appointments in the PCP's office
 - Usually a 15 minute appointment
 - The physician will focus on only the urgent problem

Not appropriate for...

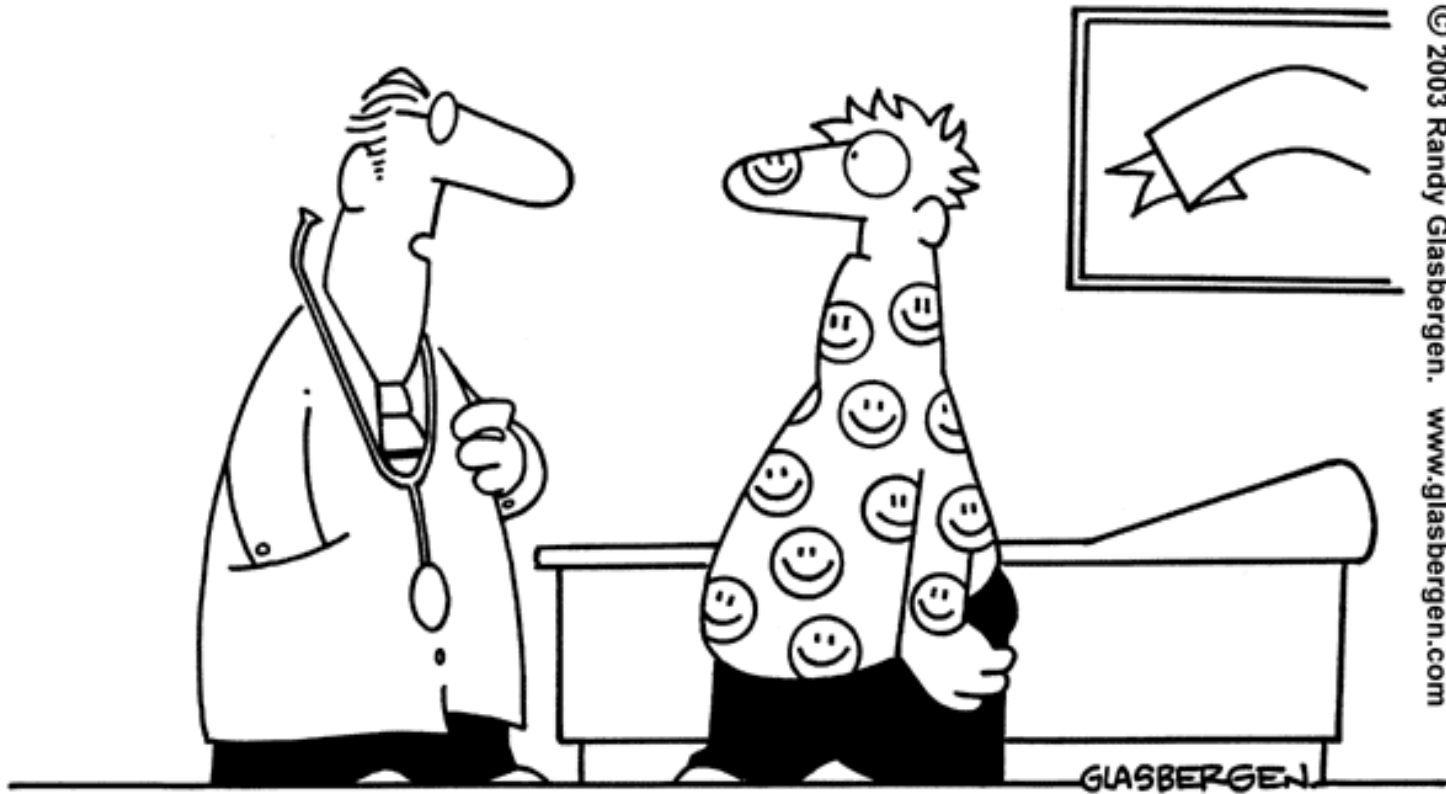
- Thorough work-up of chronic problems
- Prescription refills
- Annual Physical
- Having the Level of Care and Outlier Paperwork signed for Tomorrow's IDT meeting



Appropriate Urgent Care Visits

- Broken Bone (during office hours)
- Persistent dizziness
- Eye or Ear pain or drainage
- Fever 101 degrees or higher during office hours
- Flu Symptoms beyond the third day
- Persistent cough
- Nausea and Vomiting (inability to keep down fluids or meds)
- Pain not improved by over the counter pain relievers
- Lethargy or irritability during office hours
- Severe Rash





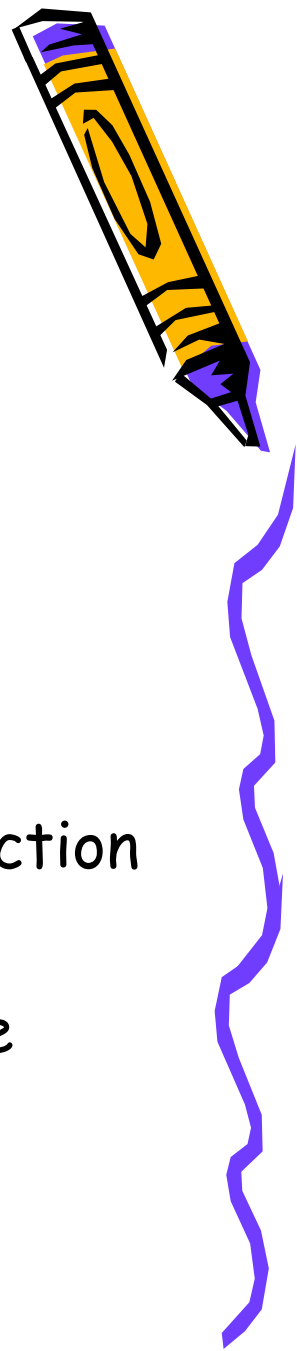
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“You probably came in contact with someone who has an infectious smile.”



Appropriate Urgent Care Visits

- Change in type or frequency of seizures
- Persistent change in skin color
- Skin breakdown or pressure sores
- Severe Sore throat
- Sunburn with blisters
- Painful urination/possible urinary tract infection
- Persistent constipation
- Small wound requiring stitches during office hours (within 12 hours)



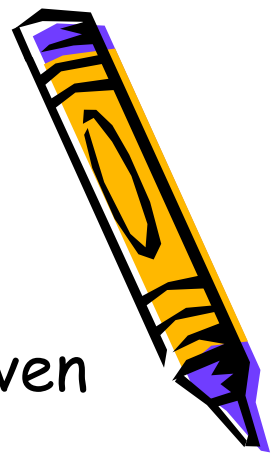
Health Care Maintenance

Annual Physical appointments are longer so the PCP has enough time to:

- Spend time to listen to questions or concerns
- Do a thorough physical exam
- Order labs
- Immunizations
- Write prescription refills
- Complete paperwork



Health Care Maintenance



- These appointments must be made weeks or even months in advance.
- Notify the appointment scheduler if this appointment needs to be longer (annual physical).
- Notify the scheduler of any special needs.
- Anticipate and prepare so the appointment will be more productive.



Health Maintenance/Routine Office Visits



- Annual physical
- Referrals to specialists
- Routine follow-up of chronic conditions
- Follow-up of ongoing acute or sub acute conditions
- Follow-up of test results or labs
- Preventative health (immunizations, cholesterol, diet/exercise counseling)



Health Maintenance/Routine Office Visits

- Unexplained weight loss or gain
- Desire to lose weight, begin exercise program
- Birth control
- Changes in:
 - Appetite
 - Mood
 - Behavior
 - Sleep



Health Maintenance/Routine Office Visit

- Chronic Minor complaints
 - Headaches
 - Nervous stomach
 - Allergies
 - Itching
 - Menstrual changes
 - Arthritis
 - Dermatitis



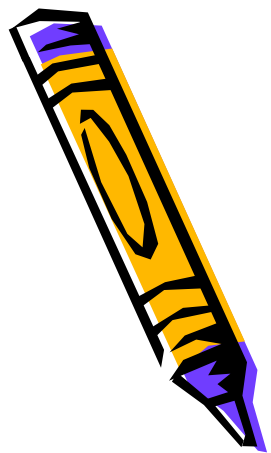
When you call to make appointment:

Tell them:

- Why you need to see the doctor.
- How soon you need to be seen.
- Any accommodations you need.

Ask them:

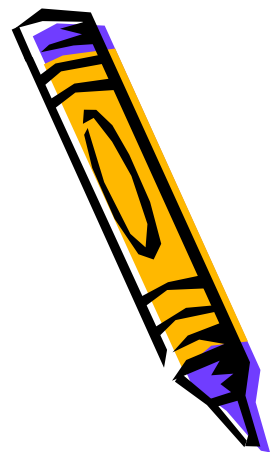
- What to bring?
- Any special instructions?



Getting Ready

Make a list of things to tell the doctor:

- Concerns about Behavior, Pain,
- Has this happened before?
- Changes in mood, amount of energy, sleep, eating, bathroom habits, other changes.
- List of Medications



Medical Information To Bring



- List of medications
- Allergies
- Medical History
- Surgeries or serious illness in the past
- Immunizations
- Family History
- Accommodations you need
- Insurance or Medicaid card



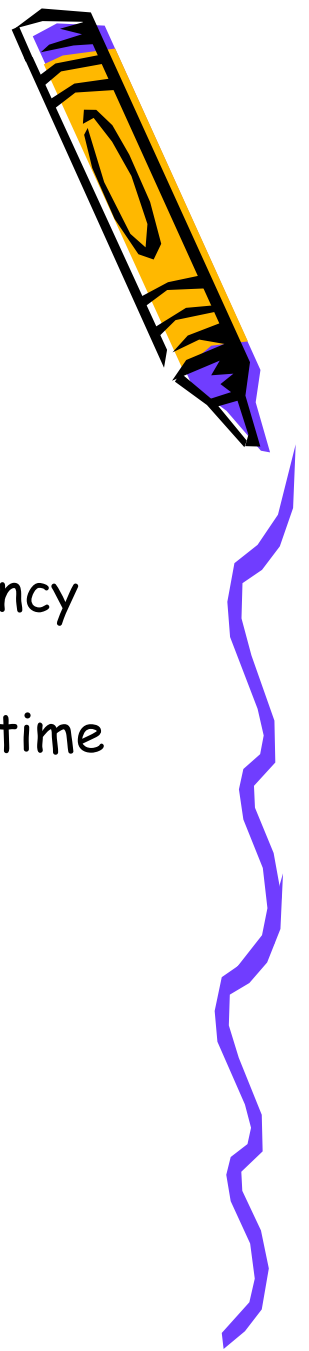
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“I have a family history of mental illness. My sister had a case of Beatlemania and my brother was cuckoo for Cocoa Puffs.”



Communication



- **Communication with the Physician**

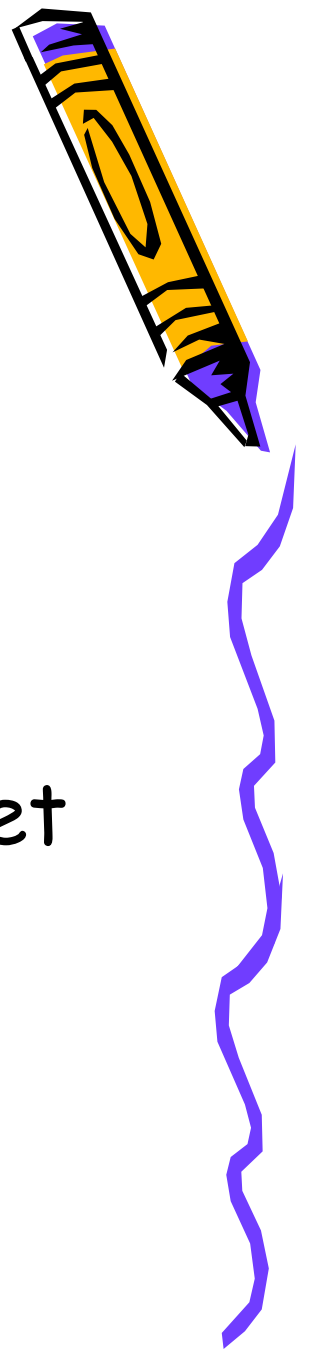
- Know the reason for the doctor's visit
- Write Down Questions from Guardian, Team or Agency Nurse prior to Visit
- Fax forms ahead of time so the Physician has more time with the Patient

- **Communication with the Team**

- Take good notes
- Get the answers to your questions in writing
- Take home written Instructions



Follow Up Care



- Who is responsible?
- How will the Appropriate People Get the Information?

