

Epilepsy Fact Sheet and Seizure Observation Record



STRONGER TOGETHER



What is Epilepsy?

Epilepsy is a neurological disorder that causes people to have recurrent seizures. A seizure is a brief disruption of electrical activity in the brain.

- Epilepsy is not contagious.
- Epilepsy is not mental illness.
- Epilepsy is not mental retardation.

Who has Epilepsy?

Approximately 2.2 million Americans have epilepsy, and over 150,000 new cases are diagnosed in the United States each year. One in 10 people will have a seizure at some point in their lives. One in 26 people will develop epilepsy by the age of 75. Epilepsy doesn't discriminate. It affects children and adults, men and women, and people of all races, religions, ethnic backgrounds, and social classes. While epilepsy is most often diagnosed either in childhood or after the age of 65, it can occur at any age.

How is Epilepsy Diagnosed?

Patient history, neurological examination, blood work and other clinical tests are all important in diagnosing epilepsy. Eyewitness accounts of a patient's seizures may also be important in helping the physician determine the type of seizures involved. The electroencephalograph (EEG) is the most commonly used test in the diagnosing epilepsy. An EEG provides a continuous recording of electrical activity in the brain during the test. Some patterns of activity are unique to particular forms of seizures. In some situations, physicians may also use CT scans, MRIs, and PET scans to look at the internal structure and function of the brain. These tests may help pinpoint causes of seizures.

What Causes Epilepsy?

More than half the time, the cause is unknown. Where a cause can be determined, it is most often one of these:

- head injury
- infections that affect the brain
- stroke
- brain tumor
- Alzheimer's disease
- genetic factors



How to Handle a Seizure

- Don't panic!
- Note time when the seizure starts.
- Direct the person away from hazards or remove objects that may present a danger.
- If the person is having a convulsive seizure, turn him on his side and cushion his head.
- Remove glasses and loosen tight clothing.
- Do NOT put anything in the mouth.
- Do NOT give liquids or medication.
- Do NOT restrain.
- Remain present until the person regains conscious awareness of his surroundings.

When to Call 911

Most seizures are not medical emergencies, but an ambulance should be called if:

- The seizure lasts longer than 5 minutes or one seizure immediately follows another.
- The person does not resume normal breathing after the seizure ends.
- There is no medical ID and no known history of seizures.
- There is an obvious injury.
- The person is pregnant or has diabetes.
- The seizure happens in water.
- The person requests an ambulance.

This product was developed with support from the Centers for Disease Control and Prevention under cooperative agreement number 1U58DP003832-02 and reprinted with funding from the Medtronic Foundation. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the Medtronic Foundation.

How is Epilepsy Treated?

- **Medication** Most people achieve good seizure control on one or more of the variety of medications currently approved for the treatment of epilepsy.
- **Surgery** Several types of surgery may be used for patients whose seizures do not respond to medication. The most common are lobectomy and cortical resection. These may be used when a seizure focus can be determined and removal of all or part of the affected lobe of the brain can be performed without damage to vital functions.
- **Vagus Nerve Stimulation** A small pacemaker-like device is implanted in the left chest wall with a lead attached to the vagus nerve. The device is then programmed to deliver electrical stimulation to the brain at regular intervals. Up to two-thirds of patients whose seizures do not respond adequately to medication see improvement with this method.
- **Ketogenic Diet** Used primarily in children, this medically supervised high fat, low carbohydrate, low protein diet has been shown to benefit as many as two-thirds of the children who can maintain it.

Types of Seizures

Seizures can take many different forms, often not resembling the convulsions that most people associate with epilepsy. Common types of seizures include:

- **Generalized Tonic Clonic (previously called grand mal)** Convulsions, muscle rigidity, jerking.
- **Absence (previously called petit mal)** Blank stare lasting only a few seconds, sometimes accompanied by blinking or chewing motions.
- **Complex Partial (psychomotor/temporal lobe)** Random activity where the person is out of touch with his surroundings.
- **Simple Partial** Jerking in one or more parts of the body or sensory distortions that may or may not be obvious to onlookers.
- **Atonic (drop attacks)** Sudden collapse with recovery within a minute.
- **Myoclonic** Sudden, brief, massive jerks involving all or part of the body.

For more information contact the Epilepsy Foundation (800) 332-1000
www.epilepsyfoundation.org



STRONGER TOGETHER

Seizure Observation Record

The *Seizure Observation Record* provides a guided, detailed format to keep track of a person's seizures. This form can be used by any observer including parents, family members, caregivers, teachers, coaches, etc.

	Seizure #1	Seizure #2	Seizure #3
Name:			
Date & Time:			

Pre-Seizure Observations:

List & describe behaviors, triggers, activities, etc.			
Awake when seizure started? (yes/no/altered)			
Injuries sustained during seizure: (briefly describe)			

Sensations Experienced by Person: Please Circle **Yes** or **No**

	Yes	No	Yes	No	Yes	No
Feeling that something has already happened						
“Funny” taste in the mouth						
“Funny” feeling in the stomach						
Changes in vision (blurriness, etc.)						
Changes in hearing						
Strange or surprising smells						

Muscle Tone/Body Movement: Please Circle **Yes** or **No**

	Yes	No	Yes	No	Yes	No
Rigid/Clenching						
Limp						
Fell Down						
Rocking						
Wandering Around						
Whole Body Jerking						

Extremity Movements: Please Circle **Yes** or **No**

	Yes	No	Yes	No	Yes	No
Right Arm Jerking						
Left Arm Jerking						
Right Leg Jerking						
Left Leg Jerking						
Random Arm/Leg Movement						

Color: Please Circle **Yes** or **No**

Bluish	Yes	No	Yes	No	Yes	No
Pale	Yes	No	Yes	No	Yes	No
Flushed	Yes	No	Yes	No	Yes	No

Eyes: Please Circle **Yes** or **No**

Pupil Dilated	Yes	No	Yes	No	Yes	No
Turned to One Side (R or L)	Yes	No	Yes	No	Yes	No
Rolled up/Not Visible	Yes	No	Yes	No	Yes	No
Staring or Blinking	Yes	No	Yes	No	Yes	No
Closed	Yes	No	Yes	No	Yes	No

Mouth: Please Circle **Yes** or **No**

Salivating	Yes	No	Yes	No	Yes	No
Chewing	Yes	No	Yes	No	Yes	No
Lip-Smacking	Yes	No	Yes	No	Yes	No

Other Symptoms (Please Describe):

Verbal Sounds: (Gagging, talking, throat clearing, etc.)			
Breathing: (Normal, heavy, stopped, noisy, etc.)			
Incontinence: (Urine or feces)			

Post-Seizure Observation: Please Circle **Yes** or **No**

Confused	Yes	No	Yes	No	Yes	No
Sleepy/Tired	Yes	No	Yes	No	Yes	No
Headache	Yes	No	Yes	No	Yes	No
Slurred Speech	Yes	No	Yes	No	Yes	No
Other (please describe)						

Seizure Length?			
How long to full awareness?			
Parents/Guardian Notified? (Time of call)			
EMS called? (Time of call & arrival time)			

Observer's Name: _____

Additional Comments: