

Seizures: Tips for Caregivers

CHECK	<p>with the person’s doctor about how to respond when a seizure happens, if you are living with or caring for someone with a seizure disorder:</p> <ul style="list-style-type: none"> • Find out whether the doctor wants to be notified every time the individual has a seizure, or just in certain specific situations. • Ask if there are any special warning signals that you should look for. • Ask whether or when you should call an ambulance. • Ask if a health care provider can help you complete a Seizure Action Plan for the person you’re caring for.
KNOW	<ul style="list-style-type: none"> • what the triggers are for the person’s seizures; help the person avoid these. • the usual or possible signs and symptoms of the person’s seizures. • if and when to provide seizure medication. PRN medication prescribed by a medical doctor should be given as directed or ordered by the doctor. • seizure medication side effects which can include: <ul style="list-style-type: none"> ○ short-term memory loss ○ fatigue or drowsiness ○ hyperactivity ○ changes in hand coordination, balance, speech coordination ○ dizziness ○ vomiting ○ mood changes.
FOLLOW	<ul style="list-style-type: none"> • the First Aid protocol when the person has a seizure. The correct First Aid is simple: gently roll the person onto their side and put something soft under their head to protect from injury. In fact: <ul style="list-style-type: none"> ○ <i>A person cannot swallow her/his tongue during a seizure.</i> This is physically impossible. ○ <i>Do not force something into the mouth of someone having a seizure.</i> That may cause more injury, e.g., chip teeth, puncture gums, or even break someone’s jaw. ○ <i>Do not restrain someone who is having a seizure.</i>
DOCUMENT	<ul style="list-style-type: none"> • the seizure incident (e.g., through the Seizure Baseline Chart, if new or unstable seizure, or the Daily Seizure Monitoring Chart, if regular, short seizure) as soon as possible once the client is safe, describing what happened before, during and after the seizure. Be sure to put the length of time and any observations about how the seizure looked. • Videotape the seizure, if possible. The doctor and/or the person’s health care provider will be able to actually see what their patient is doing during a seizure. This will help in diagnosis, management, and treatment plans for the patient. • Inform the appropriate people when the individual has had a seizure (e. g., the person’s family physician or neurologist’s office, the person’s emergency contacts or the substitute decision-maker).
ENSURE	<ul style="list-style-type: none"> • the individual has a medical alert device (e.g., MedicAlert bracelet or ID). • a copy of the Seizure Management Plan is with the person on any outings or trips, along with phone numbers of the substitute decision-maker(s), group home manager, and/or primary caregivers’ information.
PRACTICE	<ul style="list-style-type: none"> • an Emergency Drill yearly and when orienting new caregivers. Re-create a pretend seizure disorder emergency (as a fire emergency is re-created for a fire drill): <ul style="list-style-type: none"> ○ ensure all elements of the emergency treatment plan are in place ○ ensure everyone knows their role and what to do.

References

1. Epilepsy Ontario. *First Aid for Seizures*. Ontario: Epilepsy Ontario. Retrieved June 27, 2011, from www.epilepsyontario.org
2. Schachter S.C., Shafer P.O. *Warning Signs of Seizures*. United States: epilepsy.com. Retrieved June 27, 2011 from www.epilepsy.com/epilepsy/warning_signs