

Seizures		Seizures (cont)		Seizures (cont)	
Epileptic	Non-Epileptic	Originates an engages both hemispheres of the brain	High incidence with (premature) gestation of GA 32-36wks d/t immature brain	Prolonged or clustered seizures, w/ consciousness not returning inbetween	
Recurrent seizures within the brain	Arising from some other physiology			TM: prompt medical intervention (ABCs)	
Therapeutic Management: medications (antiepileptics), diet (keto), surgery (vagal nerve stimulator/lobectomy)	Therapeutic management: Find source of seizure and treat	Can be tonic-clonic, absence, clonic, tonic, atonic, and myoclonic Changes in LOC	TM: treat aggressively & treat underlying cause		
-infantile spasms, generalized seizures, localized seizures & Status Epilepticus	-febrile, neonatal, and somatization				
Infantile spasms	Febrile	Localized	Somatization		
Presents as common between 6mo-5yrs, usually associated with infxn fever not dependant on how high fever is, but how fast it develops TM: control fever, viral illness mngmt, family support		Originates and stays within one hemisphere of brain	A physical expression of stress & emotions through mind-body connection		
		Can evolve into generalized seizure unilateral symptoms	psychological help		
		Status Epilepticus			
Generalized	Neonatal				



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