

Seizures		Seizures (cont)		Seizures (cont)
<b>Epileptic</b>	<b>Non-Epileptic</b>	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	<b>Seizure Education</b> -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
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	<b>Localized</b>	<b>Somatization</b>	
		Originates and stays within one hemisphere of brain	A physical expression of stress & emotions through mind-body connection	
<b>Infantile spasms</b>	<b>Febrile</b>	Can evolve into generalized seizure unilateral symptoms	psychological help	<b>Structural Defects</b>
Presents as symmetrical flexing or extending of neck, arms, legs, and trunk	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	<b>Status Epilepticus</b>		<b>Neural Tube Defects</b>
				serious defects of brain and spinal cord
<b>Generalized</b>	<b>Neonatal</b>			

