Seizures

Epileptic	Non-Epileptic
Recurrent seizures within the brain	Arising from some other physiology
Therapeutic Management: medicatiosn (antieliptics), diet (keto), surgery (vagal nerve stimulator/lobectomy)	Therapeutic management: Find source of seizure and treat
-infantile spasms, generalized seizures, localized seizures & Status Epilepticus	-febrile, neonatal, and somatization
Infantile spams	**Febrile**
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
Generalized	**Neonatal**

Seizures (cont)

Originates an engages both hemisp-heres of the brain Can be tonic-clonic, absence, clonic, tonic, atonic, and myoclonic Changes in LOC	High incidence with (premature) neonates gestation of GA 32-36wks d/t immature brain TM: treat aggressively & treat underlying cause
Localized	**Somatization**
Originates and stays within one hemisphere of brain Can evolve into generalized seizure unilateral symptoms	A physical expression of stress & emotions through mind-body connection psychological help

Status Epilepticus

Seizures (cont)

Prolonged or clustered seizures, w/ consciousness not returning inbetween
TM: prompt medical intervention (ABCs)

Seizure Education

-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{{nl}-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

Structural Defects

Neural Tube Defects

serious defects of brain and spinal cord