

SEIZURE PATHOCHART

PATHOPHYSIOLOGY

Abnormal, excessive discharge of electrical activity in the brain. This can be caused by a tumorous growth in the brain, pressure from swelling or bleeding, trauma, fever, infection, etc. The brain is a sensitive organ and the slightest changes to the brain itself or the environment can cause seizures or many other neurological issues. Remember, the brain controls EVERYTHING, it tells everything what to do. So, neurological symptoms can be a wide range. There are multiple different types of seizures: Tonic-clonic, absence, myoclonic, atonic and you can have it affect both sides or just one particular side.

ASSESSMENT FINDINGS

- LOC
- Aura before seizure
- Postictal state
- Stiff contraction
- Staring off blankly (Absence)
- Repetitive behavior (lip smacking)

DIAGNOSTICS

- EEG
- CT
- MRI
- Lumbar Puncture

NURSING PRIORITIES

- During the seizure
 - Protect patient from injury
 - Protect airway - suction available
 - Note the time and type of seizure
- After the seizure
 - Assess LOC & reorient as needed
 - Assess and protect the airway
 - Provide oxygen as needed

THERAPEUTIC MANAGEMENT

- Do NOT restrain
- NOTHING in the mouth
- Continuous EEG if in Status Epilepticus
- Create Seizure action plan
- Encourage medication compliance

MEDICATION THERAPY

- Benzodiazepines (Lorazepam) - to break seizure
- Antiepileptic Drugs (Levetiracetam) - maintenance
- Barbiturates (Phenobarbital) - Status Epilepticus