

Seizures: Tips for Families/Support Persons

Check	<p>How to respond when a seizure happens. If you are living with or caring for someone with a seizure disorder, ask their clinician if:</p> <ul style="list-style-type: none"> ▶ He/she wants to be notified every time the individual has a seizure, or just in certain specific situations. ▶ There are any special warning signals that you should look for. ▶ Whether or when you should call an ambulance. ▶ The clinician or a member of the team can help you complete a <u>Seizure Action Plan</u> 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 or when to provide seizure medication. "As needed" or PRN medication prescribed by a clinician should be given as directed or ordered by the clinician. ▶ Seizure medication side effects, which can include: <ul style="list-style-type: none"> » Short-term memory loss » Fatigue or drowsiness » Changes in hand coordination, balance, speech coordination » Hyperactivity » Dizziness » Vomiting » Mood changes
Follow	<ul style="list-style-type: none"> ▶ The first aid protocol when the person has a seizure: gently roll the person onto their side and put something soft under their head to protect from injury. The facts are: <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 place anything 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 <u>Seizure Monitoring Chart</u>, 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 clinician will be able to actually see what the 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 primary care provider 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 if the individual will wear one (e.g., MedicAlert bracelet or ID). ▶ A copy of the <u>Seizure Action Plan</u> is with the person on any outings or trips, along with phone numbers of the substitute decision-maker(s), and/or emergency contacts' 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

Epilepsy Ontario. First Aid for Seizures. Ontario: Epilepsy Ontario. Retrieved June 10, 2019, from www.epilepsyontario.org

Schachter S.C., Shafer P.O. Warning Signs of Seizures. United States: epilepsy.com. Retrieved June 10, 2019 from www.epilepsy.com/epilepsy/warning_signs

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