REVIEW ARTICLE ON SEIZURE

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ABSTRACT

Seizure Emergencies Are Potentially Life-Threatening Events That Are Under-Recognized. Status Epilepticus Is Associated With Considerable Rates Of Morbidity And Mortality. Experts Currently Believe That Any Episode Of Seizure Activity Lasting 5 Minutes Or Longer Should Be Considered Status Epilepticus. Treatment Should Be Initiated As Early As Possible; Evidence Has Shown That Once Seizures Persist For 5 To 10 Minutes, They Are Unlikely To Stop On Their Own In The Subsequent Few Minutes. Prehospital Treatment With Benzodiazepines Has Been Shown To Reduce Seizure Activity Significantly Compared With Seizures That Remain Untreated Until The Patient Reaches The Emergency Department. The Consequences Of Delayed Treatment Of Status Epilepticus Include A Serious Risk Of Subsequent Prolonged Seizure Activity Or Epileptogenesis, Memory Deficits, And Learning Difficulties. The Importance Of Timely Intervention In Generalized Tonic-Clonic Status Epilepticus Must Be Emphasized. Recent Research Has Found That Emergency Department Personnel Fail To Recognize The Condition In Children In 34% Of Cases.

KEYWORDS: Seizure, Emergency, Classification, Epilepticus

INTRODUCTION

DEFINITION

Uncontrolled Electrical Activity In The Brain, Which May Produce A Physical Convulsion, Minor Physical Signs, Thought Disturbances, Or A Combination Of Symptoms. The Type Of Symptoms And Seizures Depend On Where The Abnormal Electrical Activity Takes Place In The Brain, What Its Cause Is, And Such Factors As The Patient's Age And General State Of Health.

TYPES OF SEIZURES

**Focal Seizures:** Focal Seizures With Impaired Awareness, Focal Seizures Without Loss Of Consciousness. **Generalized Seizures:** Absence Seizures, Tonic Seizures, Atonic Seizures, Clonic Seizures, Myoclonic Seizures, Tonic-Clonic Seizures.

CAUSES

Seizures Can Be Caused By Head Injuries, Brain Tumors, Lead Poisoning, Maldevelopment Of The Brain, Genetic And Infectious Illnesses, Lack Of Sleep, Low Blood Sodium (Hyponatremia), Medications, Alcohol Abuse And Fevers. In Fully Half Of The Patients With Seizures, No Cause Can Yet Be Found.

PATHOPHYSIOLOGY

SYMPTOMS

Temporary Confusion, A Staring Spell, Uncontrollable Jerking Movements Of The Arms And Legs, Loss Of Consciousness Or Awareness, Cognitive Or Emotional Symptoms, Such As Fear, Anxiety.

DIAGNOSIS

EEG Brain Activity, High-Density EEG, CT Scan, Pinpointing Seizure, Location, A Neurological Exam, Blood Tests, Lumbar Puncture, An Electroencephalogram (EEG), Computerized Tomography (CT), Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET), Single-Photon Emission Computerized Tomography (SPECT).
TREATMENT

Epilepsy Medication:
Our doctors will work with you to find the most appropriate antiseizure medication for your symptoms, and calculate and adjust the dose to help bring your seizures under control. The brain is a very complex organ and everyone responds to medications differently, so it may take several tries to determine the most appropriate medication and dosage.

Diet Therapy for Epilepsy, Including Ketogenic Diet & Epilepsy Surgery:
High fat, very low-carbohydrate diets, when calibrated and administered by a doctor and followed precisely, can help ease recurrent seizures in some cases. Johns Hopkins offers diet therapy for epilepsy for both pediatric and adult patients, using the ketogenic diet and the modified Atkins diet.

COMPLICATIONS: Drowning, Car Accidents, Pregnancy Complications, Emotional Health Issues.

NURSING INTERVENTIONS

1. Maintain Airway
2. Assess, Monitor And Document Seizure Activity
3. Administer Antiepileptics (PRN And Scheduled) Medications Per Orders
4. Reevaluate Any Medications That May Lower The Seizure Threshold (Some Antibiotics,
5. Educate Patient And Family On Hospital Procedures, And When To Notify Staff
6. Provide Emotional Support

REFERENCES