

How best to record seizures

Keeping a record of seizures is important. Few doctors ever see their patients with epilepsy having a seizure and they rely heavily on the account of an observer – a relative, colleague, worker, teacher, instructor, in making a diagnosis. There are many different types of seizures, and a precise diagnosis is easier to make if a clear description of the seizures is available. In addition, after diagnosis the doctor will welcome an ongoing record of seizures and any changes that may occur in the pattern of the seizures or in the seizure type. Such information will help the doctor in prescribing appropriate treatment.

If you are caring for a person who has epilepsy you will need to know what to look for. You may miss important details if you do not understand their relevance. Parents may soon grow to recognise the features of epilepsy in their child. Others, such as care staff may look after a number of people with epilepsy who are all affected differently. To ensure consistency of information in such instances it may be advisable to develop a standard form of recording seizures. Contact Epilepsy Queensland for examples.

SEIZURE STAGES

There may be several stages in a seizure and each should be carefully observed and recorded.

BUILD UP AND ONSET

This may last for several days in the form of a build-up of tension, or for only a few minutes.

In some instances an 'aura' (a partial seizure) consisting of odd sensations such as an unpleasant smell, tingling feeling or 'butterflies' in the stomach may precede a major convulsive seizure.

The seizure: This may be one of many types. Each seizure is individual to the person who has it.

The period after the seizure: Recovery may be immediate, quick or may take a few hours. On rare occasions effects may last for as long as a few days in the case of an elderly person. After major convulsive seizures there is often confusion and drowsiness and sometimes unsteady gait, headache, or slurred speech.

The following questions should help you in gathering the information that the doctor needs.

1. What was the date of the seizure?
2. What was the exact time of day?
3. What was the person doing at the time?
4. Had the person just fallen asleep or woken up?
5. What called your attention to the seizure (a cry, fall stare, head turn)?
6. Did the seizure progress slowly or quickly?
7. How long did each stage of the seizure last?
8. What parts of the body were affected?
9. Was one side affected more than the other?
10. Did the body become stiff?
11. Did it jerk, twitch, or go into convulsions?
12. Was the person unconscious?
13. If not, was there any alteration in awareness?
14. Did the skin show changes (flushed, clammy, signs of blueness)?
15. Did the breathing change?
16. Did the person talk or perform any actions during the seizure?
17. Was the person incontinent of bladder or bowel?
18. Did the person vomit during the seizure?

19. Did any injuries result from the seizure?
20. How did the person behave after the seizure alert, drowsy, confused)?
21. After recovery did the person remember any unusual sensations before or at the onset of the seizure?
22. How long did the person take to recover completely?
23. If the person takes medication, when was the last dose before the seizure?
24. Anything else associated with the seizure you think the doctor should know?

If you can answer all these questions you will provide a very full picture of the person's epilepsy. A complete account such as this can be very useful at the onset of epilepsy or at times of change (eg A change in medication, or a change in the pattern of seizures). At other times it may only be necessary to keep a summarised record. At all times the recording of information should be discreet, so that each seizure does not look more important than it is.

Although every effort has been made to ensure up to date and accurate information is provided, Epilepsy Queensland cannot accept any liability in relation to the information provided. It is strongly recommended that you discuss any information with your doctor or other relevant organisation.