



Epilepsy Care

Manual for Epilepsy Care

During this module, you will be asked some questions to provoke thought and test your current knowledge please have a notepad or supervision workbook to hand to make notes. Your performance will only be measured by the answers you select when completing the knowledge test at the end of the module.



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Learning Outcomes

- Knowing the treatment and management options for individuals with epilepsy
- Understanding how to respond to seizures
- Knowing your role in supporting people with epilepsy
- Knowing about epilepsy
- Understanding possible factors that trigger seizures
- Recognizing signs and symptoms of different types of seizures

Complementary Manuals

- Basic First Aid
- Record Keeping
- Person-centered Approaches
- Care and Administration of Medication



Chapter One

Introduction to Epilepsy

As per the Health and Social Care Act 2008, it is your employer's responsibility to ensure that both you and your colleagues receive appropriate information, support, and training to comprehend the diverse requirements of clients with chronic health conditions (Regulation 23, Supporting staff).

During their evaluation of your care, The Care Quality Commission will search for evidence of the following;

The safety and well-being of service users are assured, and their health and welfare needs are met by competent staff due to employers:

- Providing adequate support to staff for delivering care and treatment
- Ensuring staff receive proper training, supervision, and evaluations
- Allowing staff opportunities to gain relevant skills and qualifications for their roles (Essential Standards of Quality and Safety, October 2010)

Epilepsy Definition

Seizures can affect individuals from all walks of life; they may occur as singular occurrences that never repeat, or they could be the initial episodes of many more to come. Epilepsy, which involves recurring seizures, is typically not diagnosed in individuals who have experienced only one seizure. In the UK, there are approximately 600,000 individuals with epilepsy, and between 60% to 70% of them can effectively manage their condition without significant disruptions to their daily lives. If the cause of epilepsy is identifiable, it is referred to as secondary epilepsy, which can be linked to factors such as brain injuries, illnesses like meningitis, or events affecting brain oxygen flow, including strokes and birth trauma.

However, around 60% of epilepsy cases have no known cause, categorized as primary epilepsy. While some types of epilepsy may initiate in childhood and eventually subside, the risk of developing the condition increases with age. Consequently, similar to other age-related health issues, more people are being diagnosed with epilepsy than ever before.

The classification of a person's epilepsy is determined by their age, the type, and the frequency of their seizures.

Seizure Definition

Knowing what to expect when clients have a seizure, how to provide care before, during, and after, and potential ways to reduce the likelihood of seizures occurring are crucial aspects to be aware of. There exist approximately 40 different types of seizures, and individuals with epilepsy may experience more than one type. Chapter 4 will delve into how these seizures can affect people and how to handle them when they happen.

Seizures occur due to an increase in electrical activity in the brain, with the specific type of seizure dependent on the affected part of the brain, the extent of the impact, and the duration of the "electrical interference."

Educating individuals about treatment options and medications is essential for managing their condition, and we will explore the available options and the importance of adhering to doctors' advice.

While it may not always be possible to completely prevent seizures, individuals can take steps to minimize their risk. Certain behaviors, known as triggers, can make seizures more likely, including stress, lack of sleep, alcohol and drug use, poor medication adherence, exposure to stimuli like flashing lights, infections, and skipping meals.

In the upcoming chapter, we will discuss how to support individuals with epilepsy in identifying and avoiding their personal triggers, empowering them to have greater control over their condition.

Epilepsy and Client Care Needs

The first book on epilepsy, 'On the Sacred Disease,' was penned by the Greek physician Hippocrates approximately in 400 BC.

Hippocrates acknowledged that epilepsy constituted a brain disorder and strongly refuted the notion that seizures resulted from divine curses or bestowed prophetic powers upon those affected.

It is regrettable that it took more than two millennia for the rest of the world to catch up! Throughout history, people with epilepsy faced accusations of witchcraft and demonic possession, enduring confinement in mental institutions until the last century.

Epilepsy is not a mental illness; rather, it is a physical ailment impacting brain functions. Its effects do not necessarily lead to disability; individuals may have other conditions, such as learning disabilities, that increase their seizure risk, or they may have unrelated health issues. Nonetheless, many people with epilepsy lead entirely normal lives.

Referring to clients as 'epileptics' is inappropriate, as epilepsy should not be used as a label to define people. Care must be centered around the individual's diverse needs, preferences, and beliefs. Some individuals with epilepsy require extensive support and constant care, while others lead independent lives in their communities. It is crucial not to harbor low expectations, as epilepsy does not automatically imply a reduction in physical or mental function.

The capabilities of people with epilepsy are as diverse as any other randomly selected group. Many individuals with epilepsy work, raise families, and possess driving licenses (if their seizures are under control). However, misconceptions and fear surrounding seizures can lead to discrimination against those living with this condition.

Chapter Two

Controlling Epilepsy

In this Chapter, the focus will be on empowering individuals with epilepsy to take control of their condition, and understanding your crucial role in providing support for them.

While it's important for clients to adhere to their prescribed medication and follow their doctor's guidance, effective seizure management goes beyond medical aspects and includes psychological and social factors. This is an area where your involvement can significantly impact your clients' well-being.

Ensuring your clients' well-being involves assisting them in making informed lifestyle choices and facilitating access to relevant advice and information.

To uphold Outcome 1 of the Care Quality Commission's essential standards of quality and safety, it is essential to offer clients pertinent information that motivates them to make positive lifestyle changes and ultimately choose a healthier path for their lives.

The Mental Capacity Act 2005

The Mental Capacity Act 2005 was implemented with the primary aim of safeguarding the rights of potentially vulnerable adults, enabling them to make their own choices and decisions. To ensure this, the Act is built upon five fundamental principles that emphasize treating individuals as capable adults, affording them every opportunity to make decisions, and fostering their independence without prejudice or discrimination.

The statutory principles are as follows:

1. Unless it is established that an individual lacks capacity, they should be presumed to have it.
2. Before considering someone as unable to make a decision, all reasonable efforts to assist them in doing so should be exhausted.
3. Making an unwise decision should not automatically imply an individual lacks capacity.
4. Any action or decision taken on behalf of a person lacking capacity must be made in their best interests.
5. When making decisions or taking action, alternatives that are less restrictive of the person's rights and freedom should be considered (Mental Capacity Act 2005 Code of Practice).

For more information on mental capacity, refer to www.publicguardian.co.uk and download a copy of the Mental Capacity Act 2005 code of practice. Complying with the Mental Capacity Act and CQC guidance is essential when working with clients, and their choices regarding making changes must be respected. Even when making decisions on behalf of clients, it is vital to base these decisions on knowledge of their personal values and beliefs.

When identifying opportunities for lifestyle and behavioral improvements in individuals, it is crucial to find supportive and encouraging ways to do so without infringing upon their rights and freedoms or crossing professional boundaries.

Here are some examples of both good and bad practices: [Please provide examples of good and bad practices as the original text does not contain any specific examples.]

Good Practice:

- Ensure that the individual's best interests are being taken into consideration.
- Adopt a person-centered approach grounded in principles of fairness, respect, and collaboration.
- Honor and acknowledge the individual's cultural and religious identity.
- Recognize and pinpoint benefits that hold personal significance for the individual.
- Engage in educating, informing, and empowering the individual.

Bad Practice:

- Impeding an individual's freedoms or rights through actions
- Assuming knowledge or motivations of individuals
- Ignoring any apprehensions or unease associated with change
- Imposing pressure on individuals to conform to your values and beliefs

Providing clients with essential information to make informed decisions about health risks is crucial, and it is equally important not to unduly limit their freedoms in the name of 'health and safety'.

How to Control and Avoid Triggers

In order to assist clients, their doctors, and caregivers in determining circumstances that may contribute to increased likelihood of seizures, it is essential to support them in maintaining a seizure diary. Witnesses should diligently complete this diary to ensure an accurate record of the number, type, and duration of the individual's seizures. Once potential factors that heighten the chances of seizures have been identified, collaborative efforts with the client can be undertaken to minimize exposure to these triggers.

As demonstrated in Chapter 1, common triggers encompass:

- Stress
- Insufficient sleep
- Consumption of alcohol and drugs
- Inadequate compliance with medication
- Exposure to stimuli like flashing lights
- Infections
- Skipping meals

Both the brain can undergo physical alterations due to stress, and it can impact an individual's memory of medication and their motivation to take it. Simply augmenting the person's medication won't suffice; instead, addressing the root cause of stress or discovering methods to aid relaxation is necessary.

The brain's electrical activity is impacted by insufficient sleep; sleep deprivation is employed as a means of torture due to its potential to cause symptoms, such as seizures, even in individuals without epilepsy. Those with epilepsy possess a diminished tolerance, often referred to as a 'seizure threshold,' and can experience considerable effects when they fail to obtain sufficient sleep.

Individuals with epilepsy ought to strive for consistent routines that permit ample sleep. Engaging in excessive activities, such as staying up late and subsequently needing to rise early, should be discouraged.

The way medication's function can be influenced by alcohol and drugs, even those that are prescribed. Therefore, it is essential for doctors to furnish details regarding potential interactions. While some individuals with epilepsy might experience no impact from alcohol, others may find it intolerable.

To ensure safety, clients should adhere to government-recommended guidelines for alcohol consumption. In cases where safe alternatives to prescribed drugs are unavailable, close monitoring becomes imperative.

Additionally, it is important to acknowledge that the use of alcohol or recreational drugs may lead to disordered lifestyles and disturbed sleep patterns, potentially elevating the risk of seizures.

Reduced control of seizures stems from inadequate adherence to medication, which can be improved when General Practitioners (GPs) adopt a person-centered approach to prescribing, providing information and support. If individuals refuse or inconsistently take medications, discreet monitoring and regular reviews become essential.

Seizures can be triggered in some individuals with epilepsy by stimuli, such as flashing lights. This condition affects around 5% of those with epilepsy, known as photosensitive epilepsy. For affected individuals, it is crucial to support them in avoiding such stimuli and to ensure they take appropriate medication.

When individuals contract infections, their risk of experiencing seizures increases. Therefore, it is essential to promptly treat the infection and closely monitor the person's condition to ensure their safety.

For individuals affected by epilepsy, skipping meals can elevate the risk of seizures. Therefore, it is generally recommended for people with epilepsy to maintain regular habits, including a routine for eating and sleeping. If you are responsible for someone's care, it is important to keep a close eye on their eating and drinking habits to ensure they consume regular and sufficient amounts of food and drink.

General Safety Measurements

Each individual client must undergo risk assessments; a generic assessment for all those with epilepsy is insufficient due to varying risks for each person. It is essential to avoid generalizations and instead, gain a deep understanding of each client's unique strengths and weaknesses.

People with epilepsy frequently face unjust discrimination from individuals and organizations who fail to recognize their equal rights. While extreme sporting activities may not be suitable for most individuals with epilepsy, it is crucial to assess risks based on each individual's specific condition rather than relying on stereotypical views of epilepsy. For instance, many people with epilepsy can be competent parents, which should dispel misconceptions about their potential roles as teachers or child carers.

Avoid being patronizing to individuals who have shown independence without harm; sudden changes to their daily routines, like showering with the door open or avoiding sharp objects, should only be necessary if a significant health event, such as a stroke, has affected them.

This manual provides valuable sources of safety advice and information.

Depression

The tight connection between mental and physical health becomes evident as individuals with epilepsy have a higher susceptibility to depression compared to the general population. Therefore, it becomes crucial to be vigilant about recognizing signs and symptoms, and providing support to clients to manage their mental well-being effectively.

Should you have concerns that a client might be experiencing depression, it is advisable to refer them to their GP for further assessment. Close monitoring of their treatment is essential, as anti-depressants may lead to increased seizure frequency, while anti-epilepsy drugs can contribute to mood stabilization.

When contemplating the use of complementary therapies or herbal medications, it is imperative to seek consultation with the GP to ensure these options do not interact adversely with epilepsy medication.

Depression manifests with the following signs and symptoms:

- Experiencing fatigue or having low energy levels
- Tears being shed either frequently or occasionally
- Difficulty concentrating
- Struggling with sleep disturbances
- Avoidance of social interactions
- Decreased interest or enjoyment in activities
- Challenges in daily functioning
- Changes in appetite, either decreased or increased

- Suffering from physical discomfort such as aches and pains
- Overwhelming feelings of despair and hopelessness



Chapter Three

Caring Epilepsy

If there is a suspicion that one of your clients experienced a seizure, it is crucial to direct them to their GP, who will be responsible for examining potential factors behind it. Unless the client belongs to a high-risk group, like those with pre-existing brain injuries, this referral may not lead to an epilepsy diagnosis.

In case the client experiences additional seizures, they should be subsequently referred to a specialist, typically a neurologist, who will conduct more comprehensive investigations, including scans and blood tests.

Seizures or their symptoms can also be attributed to various other factors, including:

- Fainting
- Mini stroke (Transient Ischemic Attack)
- Migraine
- Narcolepsy
- Hyperventilation
- Pseudo epilepsy

Incorrectly diagnosing epilepsy can lead to both unnecessary lifestyle limitations and potential side effects from prolonged medication. It is crucial to obtain an accurate diagnosis and determine suitable treatment when dealing with seizures.

Epilepsy Diagnosing

For doctors, the initial stage involves obtaining a comprehensive patient history; if the patient is unable to communicate, a suitable individual, like a family member or caregiver, might need to supply information about the following aspects:

- The patient's medical history
- Medical history of close relatives
- Sleeping patterns
- Alcohol consumption or use of illegal drugs
- Medication usage

There exist various forms of epilepsy, each with potential effects on individuals' health and future that can range from mild to severe. Some types may be temporary and outgrown, while others can lead to permanent mental and physical disabilities.

If an individual diagnosed with epilepsy experiences more frequent or severe seizures, they should be referred to their GP for a review.

Doctors determine the type of epilepsy a person has by considering factors like their age and the type and frequency of their seizures. This information helps in deciding the most appropriate treatment for their condition.

To assist in diagnosis and treatment, individuals with seizures should be encouraged to maintain a 'seizure diary' with comprehensive details about the frequency, duration, and effects of their seizures. Witnesses to these events should complete the diary, noting essential features such as whether the person collapsed or maintained consciousness (see Appendix A for an example of a good seizure record).

A properly filled seizure diary serves as a valuable diagnostic tool, offering accuracy as it is completed soon after the event rather than relying on memory. Doctors require as much information as possible about the seizures experienced

by the person to provide a proper diagnosis, which may involve talking to witnesses to get a clear understanding of what occurred, considering that the patient might have had some loss of awareness even if they didn't lose consciousness.

Receiving a life-altering diagnosis can have significant psychological impacts. It is essential to ensure that your client receives both physical and emotional support during and after the diagnosis. This can include the following:

- Arranging for someone they trust to accompany them to appointments.
- Providing information in a suitable format that they can read at their convenience.
- Assisting them in understanding complex medical terms, treatment risks, and benefits.
- Arranging transportation to and from appointments.

Medical practitioners may conduct various tests and examinations, such as blood tests, brain scans, and physical assessments. Some of these tests may require hospital stays and involve specialized equipment that could be intimidating for the individual. It's important to note that there is no single test that definitively confirms or rules out an epilepsy diagnosis.

Care and Treatment

Adopting a person-centered approach in medical prescriptions can enhance adherence, especially for chronic conditions like epilepsy where medications may lead to undesirable side effects and the benefits might not be immediately evident.

Clients' access to comprehensive health and treatment information is crucial, as long as they possess the capacity to make decisions. Whether they choose to follow their doctor's advice or not remains entirely their prerogative. Even in cases where clients lack capacity, it's important to consider the choices they would have made. Although dealing with someone who refuses crucial medication can be challenging, it is essential to respect their autonomy.

Carers should be well-informed about their clients' medication and its purpose, enabling them to support compliance and effectively monitor benefits and side effects. The prescription and management of your client's treatment must align with the Health and Social Care Act 2008 requirements as regulated by the CQC.

Outcome 9: Management of Medicines (Regulation 13) Health and Social Care Act 2008

Personalized Care Through Effective Medication

Those utilizing services are provided with care, treatment, and support that:

Guaranteeing the appropriateness and person-centeredness of medications involves considering various factors, such as:

- Age
- Choices
- Lifestyle
- Cultural and religious beliefs
- Allergies and intolerances
- Existing medical conditions and prescriptions
- Adverse drug reactions
- Recommended prescribing regimes

The objective of any epilepsy treatment is to attain seizure control, leading to the classification of people's epilepsy as either controlled or uncontrolled based on the severity and frequency of their seizures. Clients diagnosed with epilepsy

should be encouraged to adhere to their personalized treatment plan, which may encompass various medical options recommended by doctors.

Anti-Epilepsy Drugs (AEDs)

Anti-epilepsy medications are designed for daily use with the goal of reducing seizure frequency and severity; they do not provide a cure for epilepsy nor are they meant for managing sudden seizures. The ideal approach is to achieve control with a minimal dosage of a single medication to minimize potential side effects. In reality, doctors often need to determine the most suitable combination of drugs for their patients.

The doctor who prescribes these medications must make it clear that they might be required for a lifetime and that the absence of seizures does not imply a person is no longer epileptic but rather indicates the medications are effectively managing the condition.

Other Options to Choose

Not everyone responds to anti-epilepsy drugs, necessitating doctors to explore alternative solutions. Surgery may be an option in certain cases, involving rather intense procedures to isolate sections of the brain. Surgery is advised only if the potential benefits and likelihood of success far surpass the associated risks.

When clients are unable to make decisions independently, their family and caregivers may engage in discussions with medical experts to reach a consensus on the most suitable course of action in the client's best interests. Extra caution is required when contemplating invasive treatments or the potential covert administration of medication.

Pseudo Epilepsy

Not everyone experiencing seizures has epilepsy; instead, they may suffer from pseudo epilepsy, a psychological condition. Moreover, there's a possibility that individuals with epilepsy may also encounter pseudo epileptic seizures. Despite the diagnosis, your approach to caring for these individuals should remain consistent, though their medical treatment will diverge significantly. While epilepsy medication is ineffective for pseudo epilepsy, psychiatric treatment becomes essential for managing the condition.

Chapter Four

Seizure Classifications

There exist approximately 40 distinct types of seizures, and these seizures can either be similar in type and duration or a combination of different types. The frequency of seizures in an individual can vary, ranging from several per day to just a few per year or none at all if they are on the correct medication.

The International League Against Epilepsy (ILAE), a global organization of epilepsy professionals, has compiled a list of names for different seizure types, known as the ILAE seizure classification. The names assigned to various seizures are based on this classification.

Presently, agreed-upon terms for seizures seek to specify the extent and location of brain involvement. Terms like 'minor' and 'major' or 'grand mal' and 'petit mal,' which were once used, are no longer employed as they do not accurately describe what occurs during the seizures.

Giving seizures accurate names is crucial for medical practitioners, as some drugs and treatments may be effective for certain seizure types but not for others (ref www.epilepsy.org.uk).

Seizure types are divided into two main categories: focal (partial) seizures, which affect one side of the brain (cerebral hemisphere), and generalized seizures, which impact both sides of the brain and result in a loss of consciousness. It is important to monitor individuals who have experienced a focal seizure, as they may subsequently have a generalized seizure, and appropriate monitoring is essential to ensure their safety.

Simple Focal Seizures (SFS)

The effects of simple focal seizures are determined by the brain lobe they occur in, as they only impact a small part of one lobe. During such seizures, the person remains conscious and may have awareness of the ongoing event. Articulating their experience becomes challenging for those experiencing these seizures, leading to feelings of frustration and distress.

A range of manifestations can occur during simple focal seizures, including:

- Stiffness or twitching in specific body parts
- A peculiar sensation akin to a wave passing through the head
- Experiencing déjà vu
- Perception of unusual smells or tastes
- Sudden intense feelings of fear or joy
- Numbness or tingling
- Sensation of an arm or leg being larger or smaller than its actual size
- Visual disturbances, such as colored visions or flashing lights
- Hallucinations

Complex Focal Seizures (CFS)

A more extensive portion of one hemisphere (side) of the brain is impacted by complex focal seizures compared to simple focal seizures.

Consciousness is affected, leading to potential confusion. While they might hear you, comprehending your words fully can be challenging. Their ability to respond may be impaired, resulting in seemingly abnormal reactions.

Typical symptoms encompass:

- Unintentionally picking up objects or fiddling with clothing
- Engaging in chewing or lip-smacking movements
- Uttering or repeating nonsensical words
- Confused wandering
- Emitting a loud cry or scream
- Displaying peculiar movements, such as cycling or kicking.

Focal Seizures Caring

- Ensure the person is gently led away from any potential dangers.
- Offer calming reassurance to them.
- Stay by their side until they have fully recuperated.
- Be vigilant in monitoring for any signs of a generalized seizure.
- If needed, contact emergency services by calling an ambulance.

Common Generalized Seizures

Temporary loss of consciousness is a consequence experienced during all generalized seizures.

Absences

For a period ranging from 1 to 30 seconds, an individual may experience unresponsiveness, which might easily pass unnoticed due to its brief duration.

Myoclonic Seizures

Myoclonic seizures tend to occur during the post-waking period, potentially leading to minor mishaps like spilled drinks. Individuals encountering these seizures might require additional assistance upon waking up in the morning or after a nap.

The distinguishing feature of these seizures is the muscle jerking that can impact the entire body, though it commonly targets the arms and head. These jerks resemble the involuntary movements experienced while falling asleep but are unrelated to epilepsy.

Tonic and Atonic Seizures

Tonic seizures typically occur suddenly and briefly, catching the person off guard. During these seizures, their muscles tense up, often leading to a fall. Similarly, atonic seizures, commonly known as 'drop attacks,' also have a rapid onset and brief duration. In an atonic seizure, the person's muscles abruptly relax, causing them to become limp. Tonic-Clonic

Tonic-clonic seizures encompass the following components:

- Sudden loss of consciousness
- General stiffening (tonic phase)
- Jerking of the body (clonic phase)
- Potential incontinence
- Subsiding of stiffness and jerking

These are the seizure types that come to mind when people are asked to define a seizure.

Although recovery is usually rapid, individuals might feel fatigued and disoriented after the experience. They may also require treatment for headaches or injuries sustained during the seizure.

In case of a tonic-clonic seizure, prompt emergency aid is essential, especially if the caregiver is trained in first aid. Ensuring the person's safety involves removing any hazardous objects that could cause harm. If the ground is hard, it's best to place something soft like a jumper under their head. Physical restraint should be avoided unless there is an immediate risk of harm, such as lying in the path of oncoming traffic.

Physical restraint during this type of seizure can be harmful since the person's muscles contract uncontrollably, making them prone to injuries if their movements are restricted.

Respect the person's dignity by asking bystanders to leave the area and covering their legs to conceal any signs of incontinence. Keep track of the seizure duration and monitor the person's breathing for any difficulties.

After the seizure subsides, carefully position the person in the recovery position and stay with them until they return to a normal state. Continuously monitor their breathing, skin color, and responsiveness, and be prepared to take action if they become unconscious or stop breathing.

Call an ambulance under the following circumstances:

- If it's their first seizure
- If the person sustains any injuries
- If they experience subsequent seizures without regaining consciousness
- If the seizure lasts longer than 5 minutes or deviates from their usual pattern
- If the person requests medical assistance.

Status Epilepticus

Status epilepticus in a tonic-clonic (convulsive) seizure is a medical emergency and the person will need urgent medical help. Call for an ambulance after five minutes.

Typically, an individual experiences seizure of consistent duration on each occurrence, and they resolve spontaneously. However, there are instances where seizures persist or one seizure occurs immediately after another without the person regaining consciousness in between. When this condition persists for a duration of 30 minutes or more, it is referred to as 'status epilepticus'. Although uncommon, this situation can manifest in any type of seizure, necessitating medical attention.

Urgent Medication

Clients who are at risk of experiencing extended seizures might receive emergency medication for injection, suppository use, or oral dissolution. In such instances, comprehensive guidelines and protocols should address the following matters:

- The designated individual qualified to administer the medication, having received specific training.
- The appropriate timing for administering the medication.
- The schedule for conducting reviews.

Sudden Unexpected Death in Epilepsy (SUDEP)

In the UK alone, approximately 500 individuals lose their lives annually due to SUDEP (Sudden Unexpected Death in Epilepsy). The specific cause of these deaths remains uncertain, but several risk factors have been associated with them, including inadequate seizure control, generalized nocturnal seizures, learning disabilities, young male gender, non-adherence to medication, and frequent or sudden changes in medication.

For individuals identified as being at risk of SUDEP, discrete monitoring, especially during nighttime, may be necessary. It is essential to have open discussions about available options with the client, their GP, and any other caregivers involved in their care.

Nocturnal Seizure

Regardless of their name, these seizures do not always happen during the night. Nocturnal seizures encompass any type of seizure that takes place while a person is asleep. People who undergo such seizures might face a higher risk of life-threatening complications.



<u>Useful Contacts</u>	
National Society for Epilepsy 01494 601400	www.epilepsysociety.org.uk
Epilepsy Action 0808 8005050	www.epilepsy.org.uk
Epilepsy Research UK 0208 9954781	www.epilepsyresearch.org.uk
Epilepsy Cymru / Epilepsy Wales 0800 2289016	www.epilepsy-wales.co.uk
Joint Epilepsy Council	www.jointepilepsycouncil.org.uk



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Name:		Date of Birth:		Room Number:		System No: 21.070						
Epilepsy / Seizure Chart												
TC = Tonic Clonic SP = Simple Partial		TO = Tonic CP = Complex Partial		AT = Atonic SG = Secondary Generalised		M = Myoclonic SE = Status Epilepticus		AB = Absence AU = Aura		UN = Unobserved		
Date/Time	Type of seizure (use key above)	What happened before seizure	Possible trigger factor(s)	Any warning/aura	Service user's behaviour	How service user felt (if able to communicate this info)	What happened during seizure (behavioural & physiological)	Length of seizure	What happened after seizure	Recovery period	Staff interventions	Signature
EPILEPSY CHART												