

SEIZURE RECORD

# *Epilepsy*



EPILEPSY EDUCATION SERIES

## **SEIZURE RECORD/ EPILEPSY/ EDMONTON EPILEPSY ASSOCIATION**

Keeping a record of your seizures is very important.

A description of the seizures will help the doctor in making a diagnosis as well as in the decision regarding the appropriate treatment.

In addition to detailing the characteristics of the seizures, a record will also provide information regarding the frequency and duration of the seizures.

Asking others who observed the seizure for a description of what happened is useful as often a person does not remember a seizure.

Seizures cause a change in function or behavior. There are many types of seizures. Some seizures include body stiffening and jerking. Others may result in a person experiencing a blank stare, muscle spasms, uncontrolled movements, odd sensations, or altered awareness.

Some individuals experience more than one type of seizure.

As well as recording a **description of the seizure**, it is important to note:

- the date the seizure occurred
- the time the seizure occurred
- how long the seizure lasted
- events/behavior changes before the seizure
- events/behavior changes after the seizure.

**This booklet is designed to provide general information about epilepsy to the public. It does not include medical advice and people with epilepsy should not make changes in treatment or activities based on this information without first consulting a physician.**

<b>Date</b>						
<b>Time</b>						
<b>Before the seizure</b>						
Activities just before						
Setting						
Triggering factors						
Mood changes						
Date/Time of last dose of seizure medicine						
Symptoms many hours or days before						
<b>Seizure ( use ✓ )</b> Indicate right or left side when appropriate.						
Aura – ( e.g. smell, fear, dizziness)						
Change in awareness						
Confused						
Unable to talk						
Follows commands						
Twitching						
Chewing Motions						
Eyes staring						
Eyes blinking						
Eyes rolling						
Went limp						
Became stiff						



In keeping a record of your seizures, the following questions may help. Keeping a diary of your seizures in addition to a seizure record chart will allow for more detail where necessary.

### **BEFORE THE SEIZURE**

**On the seizure record chart, include information that relates to what was experienced before the seizure such as:**

- *What activities took place just before the seizure?*
- *Did the seizure occur at night, upon awakening, or during the day?*
- *What was the setting?*
- *Were there any provoking factors (e.g. lack of sleep, exposure to flickering lights from television, strobe lights, etc., recent illness, drug or alcohol abuse, missed medication, missed meals)?*
- *If using seizure medication, when was the last dose of medication taken before the seizure? What was the medication?*
- *Did you experience symptoms that preceded the seizure by many hours or days (known as prodrome) such as mood changes, dizziness, anxiety, restlessness, etc?*

### **THE SEIZURE**

**In the seizure record, include information that describes the seizure such as:**

- *How did the seizure begin?*
- *Was there an unusual sensation, feeling, or movement (known as an aura) such as:*
  - *a distortion in smell, sight, or sound*
  - *a sudden emotion such as joy, anger, or fear*
  - *stomach upset, dizziness, or a burning sensation?*
- *Was there unusual or involuntary body movement? What part of the body moved first? Next?*
- *Was there responsiveness during the seizure?*
- *Were there automatisms (e.g. lip smacking, chewing movements, rapid blinking, head turning, pulling at clothing, random walking)?*
- *Was there the experience of daydreaming?*
- *Was there blank staring?*
- *Was there eyelid fluttering or eye rolling?*
- *Did the body become rigid?*
- *Was there a cry or a yell?*
- *Was there jerking and if so, did it occur on one side more than on the other?*
- *Was there a change in skin color? Breathing?*
- *Was there a fall?*
- *Was the tongue or lip bitten?*
- *Was there loss of bowel or bladder control?*

### **WHEN TO CALL AN AMBULANCE:**

- If a convulsive seizure lasts longer than 5 minutes.
- If consciousness or regular breathing does not return after the seizure has ended.
- If seizure repeats without full recovery between seizures.
- If confusion after a seizure persists for more than one hour.
- If a seizure occurs in water and there is any chance that the person has inhaled water. Inhaling water can cause heart or lung damage.
- If it is a first-time seizure, or the person is injured, pregnant, or has diabetes. A person with diabetes may experience a seizure as a result of extremely high or low blood sugar levels.

**NOTE:** *In assessing the need to call an ambulance, a combination of factors has to be considered. For example, if cyanosis (blue or gray color) or labored breathing accompanies the seizure, then an ambulance may be called earlier. If a person is known to have epilepsy and the seizure pattern is uncomplicated and predictable, then ambulance help may not be necessary.*

### **AFTER THE SEIZURE**

The period following a seizure is referred to as the postictal period. Some individuals experience temporary confusion, fatigue, and/or weakness following a seizure. Detailing the experience that occurs after the seizure also provides useful information.

**In the seizure record, include information relating to the period following the seizure such as:**

- *Was there temporary confusion?*
- *Was there temporary fatigue and/or sleepiness?*
- *Was there a headache?*
- *Was there temporary weakness in any part of the body?*
- *How long did this period last?*
- *Was there recall of the seizure?*
- *Was there injury as a result of the seizure?*

### **SEIZURE TRIGGERS - BOX**

While some people are not able to identify specific events or circumstances that affect seizures, others are able to recognize definite seizure triggers. A seizure record may be useful in alerting you to events and/or circumstances that may be triggering seizures. Some common seizure triggers include:

- *Forgetting to take prescribed seizure medication*
- *Lack of sleep*
- *Missing meals*
- *Stress, excitement, emotional upset*
- *Menstruation/ hormonal changes*
- *Illness or fever*

- *Flickering lights of computers, television, videos, etc. in those with photosensitive epilepsy*
- *Allergic reactions to certain foods*
- *Low seizure medication levels*
- *Medications other than prescribed seizure medication*
- *Excessive alcohol consumption and subsequent withdrawal*
- *Street drugs (e.g. cocaine, amphetamines, ecstasy, LSD, withdrawal from marijuana)*

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**Contact us for more information or to order copies of this brochure.**

Special thanks to the consulting team made up of doctors, nurses, individuals with epilepsy, and family members of individuals with epilepsy.

This publication was made possible through a grant from the Edmonton Community Lottery

Board.

**Contact 1.866.EPILEPSY toll-free to connect directly with the association in your area.**

