Acute seizure management guidelines

Join the 'Seizures' group to help and get support from people like you. See more questions... Additional information Related State Support Groups Confiscation Prevention, Epilepsy Related Drug Support Groups Valium, Topamax, Diazepam, Keppra, Topiramate, Trileptal, Progesterone, Dylantin, oxcarbazepine, phenobarbital, levetiracetam, Vimpat Popular Seizure DrugsKeppralevvet Drugs.com vetete Medical review Drugs.com. Last updated on June 3, 2020. A review of a seizure is a sudden, uncontrolled electrical disorder in the brain. This can cause changes in your behavior, movements or feelings, and in the levels of consciousness. If you have two or more seizures or a tendency to have recurrent seizures, you have epilepsy. There are many types of cramps that vary in severity. Types of seizure vary depending on where and how they start in the brain. Most seizures last from 30 seconds to two minutes. The seizure, which lasts more than five minutes, is a medical emergency. Seizures are more common than you think. Seizures can occur after a stroke, a closed traumatic brain injury, an infection such as meningitis or another disease. Many times, however, the cause of the seizure is unknown. Most seizures of the disorder can be controlled by medication, but managing seizures can still have a significant impact on your daily life. The good news is that you can work with your health care provider to balance seizure control and the side effects of medications. Symptoms with seizures, signs and symptoms can range from mild to severe and vary depending on the type of seizure. Capturing signs and symptoms may include: Temporary confusion looking spell Uncontrollable by twitching hand and foot movement Loss of consciousness or awareness of cognitive or emotional symptoms such as fear, anxiety or deja vu Doctors typically classify convulsions as coercing or generalized, based on how and where abnormal brain activity begins. Seizures can also be classified as an unknown beginning if the as seizure began is not known. Focal seizures are the result of abnormal electrical activity in one area of your brain. Coordination convulsions can occur with or without loss of consciousness: Coordinating convulsions with impaired awareness. These seizures are associated with a change or loss of consciousness or awareness. You can look into space and not react normally to the environment or perform repetitive movements such as rubbing your hands, chewing, swallowing or walking in circles. Coordination seizures loss of consciousness. These seizures can change emotions or change the way things look, smell, feel, taste or sound, but you won't lose consciousness. These seizures can also lead to involuntary yanking of parts of the body, such as the arm or leg, and and sensory symptoms such as tingling, dizziness and flashing lights. Symptoms of focal seizures can be confused with other neurological disorders such as migraine, narcolepsy or mental illness. Generalized convulsions, which appear to be associated with all areas of the brain, are called generalized seizures. Different types of generalized seizures include: No seizures. Lack of cramps, formerly known as shallow mal seizures, often occur in children and are characterized by looking into space or subtle body movements such as eye blinking or lip smacking. These seizures can occur in clusters and lead to short-term loss of awareness. Tonic seizures. Tonic seizures cause hardening of muscles. These seizures usually affect the muscles of the back, arms and legs and can cause falls to the ground. Atonic seizures. Atonic seizures, also known as drop cramps, cause loss of muscle control, which can lead to sudden collapse or fall. Clonic seizures. Clonic seizures are associated with repeated or rhythmic, jerking muscle movements. These seizures usually affect the neck, face and arms. Myoclonic seizures. Myoclonic seizures usually appear as sudden short-term jerks or twitches of hands and feet. Tonico-clonic seizures. Tonico-clonal seizures, formerly known as large mal seizures, are the most dramatic type of epileptic seizure and can cause severe loss of consciousness, tightening of the body and shaking, and sometimes loss of bladder control or biting tongue. When to dr. Hook immediate medical attention, if any of the following occurs: The seizure lasts more than five minutes. Breathing or consciousness does not return after the attack stops. Immediately followed by a second seizure. You have a high fever. You're experiencing heat exhaustion. You're pregnant. You have diabetes. You yourself up during a seizure. If you are experiencing a seizure for the first time, see your doctor. Causes nerve cells (neurons) in the brain to create, send and receive electrical impulses that allow nerve cells in the brain to communicate. Anything that disrupts these communication pathways can lead to a seizure. The most common cause of seizures is epilepsy. But not every person with epilepsy. Sometimes convulsions occur due to: High fever, which may be associated with an infection such as meningitis Lack of sleep Low blood sodium level (hyponatreemia), which can occur with diuretic therapy, such as certain painkillers, antidepressants or smoking cessation therapies that lower the threshold of seizure of head trauma, which causes area bleeding in brain tumors or recreational drugs such as amphetamines or alcohol abuse , at the time of withdrawal or extreme COVID-19 Infection Complications Having a seizure at a certain time can lead to circumstances that are dangerous to you or or You may be in danger: Fall. If you fall during a seizure, you may damage your head or break a bone. Drowning. If you have a seizure while swimming or swimming, you risk accidental drowning. Car accidents. A seizure that causes either loss of awareness or control can be dangerous if you are driving a car or operating other equipment. Complications of pregnancy. Seizures during pregnancy pose a risk to both the mother and the baby, and some antiepileptic drugs increase the risk of birth defects. If you have epilepsy and plan to get pregnant, work with your doctor so that he or she can adjust your medications and control your pregnancy as needed. Emotional health problems. People with seizures are more likely to have psychological problems such as depression and anxiety. The problems may be the result of difficulties associated with the condition of yourself, as well as medication side effects. Diagnosis After a seizure, your doctor will carefully consider your symptoms and medical history. Your doctor may order several tests to determine the cause of your seizure and assess how likely it is that you will have another one. Tests may include: a neurological exam. Your doctor can test your behavior, motor skills and mental function to determine if you have problems with your brain and nervous system. Blood tests. Your doctor may take a blood sample to check for signs of infection, genetic disease, blood sugar or electrolyte imbalance. Lambara's puncture. If your doctor suspects the infection as the cause of the seizure, you may need to have a sample of the cerebrosal fluid removed for testing. Electroencephalogram (EEG). In this test, doctors attach electrodes to the scalp with paste-like substance. Electrodes record the electrical activity of your brain, which manifests itself as wavy lines on the EEG record. The EEG can reveal a pattern that tells doctors whether a seizure can occur again. EEG testing can also help your doctor eliminate other conditions that mimic epilepsy as the cause of your seizure. Depending on the details of your seizures, this test can be done on an outpatient basis at the clinic, at night at home with an outpatient device or for several nights in the hospital. Computerized tomography (CT). A CT scan uses X-rays to produce cross-sectional images of your brain. CT can detect abnormalities in the brain that can cause seizures such as tumors, bleeding and cysts. Magnetic Resonance Imaging (MRI). MRI uses powerful magnets and radio waves to create a detailed view of your brain. Your doctor may be able to detect lesions or abnormalities in the brain that may to convulsions. Positron emission tomography (PET). PET scanning uses a small amount of low-dose radioactive material that is injected into the vein to help visualize active areas of the brain and detect abnormalities. Single-cot emission emission (SPECT). The SPECT test uses a small amount of low-dose radioactive material that is injected into the vein to create a detailed, 3-D map of the blood flow activity in your brain that occurs during a seizure. Doctors can also conduct a form of SPECT test called subtraction of ictal SPECT coregistered to MRI (SISCOM), which can provide even more detailed results. This test is usually done in the hospital with an EEG night record. Treatment Not everyone who has one seizure will have another one, and because a seizure can be an isolated case, your doctor may not decide to start treatment until you have had more than one. The optimal goal in grip treatment is to find the best possible therapy to stop cramps, with several side effects. Treatment for convulsions often involves the use of anti-gonamines. There are several variants of anti-catch drugs. The goal is to find a drug that works best for you and that causes the slightest number of side effects. In some cases, the doctor may recommend more than one medication. Finding the right medicine and dosage can be difficult. Your doctor will consider your condition, the frequency of seizures, your age and other factors when choosing which medications to prescribe. Your doctor will also consider any other medications you may take to ensure the antiepileptic drugs will not interact with them. Surgery and other treatmentsIf anti-seizure medications are not effective, other treatments may be an option: Surgery. The purpose of the operation is to stop the cramps from happening. Surgeons find and remove the area of your brain where the cramps begin. Surgery is best for people who have seizures that always occur in the same place in their brain. Stimulation of the vagus nerve. A device implanted under the skin of the breast stimulates the vagus nerve in your neck, sending signals to your brain that suppress cramps. With vagus nerve stimulation, you can still take medication, but you may be able to lower the dose. Responsible neurostimulation. During responsive neurostimulation, a device implanted on the surface of the brain or in brain tissues can detect capture activity and deliver electrical stimulation to the detected area to stop the seizure. Deep brain stimulation. Doctors implant electrodes in certain areas of your brain to produce electrical impulses that regulate abnormal brain activity. Electrodes are attached to a pacemaker, like a device placed under the skin of the breast that controls the amount of stimulation is produced. Dietary therapy. After a diet that is high in fat and low in carbohydrates, known as a ketogenic diet, can improve Capture. Variations on high-fat, low-carb diets such as the low glycemic index and the modified Atkins diet, although less effective, are not as restrictive as the ketogenic diet and can benefit. Favor. and convulsions women who have already had previous cramps are usually able to have a healthy pregnancy. Birth defects associated with certain medications can sometimes occur. In particular, valproic acid - one of the possible drugs for generalized seizures - has been associated with cognitive deficits and neural tube defects such as spina bifida. The American Academy of Neurology recommends that women avoid using valproic acid during pregnancy because of the risk to the baby. Discuss these risks with your doctor. Because of the risk of birth defects and because pregnancy can change the level of medication, pre-planning is especially important for women who have already had seizures. In some cases, it may be advisable to change the dose of seizure medication before or during pregnancy. Medications can be switched in rare cases. Contraception and anti-seizure medications other anti-seizure medications can alter the effectiveness of birth control (oral contraceptives) medications. If contraception is a high priority, consult your doctor to assess whether your drug interacts with oral contraceptives and if other forms of contraception should be considered. Lifestyle and Home Remedies Here are some steps you can take to help with seizure control: Taking medication correctly. Do not adjust the dosage before talking to your doctor. If you think your medication should be changed, discuss it with your doctor. Get some sleep. Lack of sleep can cause cramps. Be sure to get an adequate rest every night. Wear a medical alert bracelet. This will help emergency services learn how to treat you properly if you have another seizure. Be active. Exercise and being active can help keep you physically healthy and reduce depression. Make sure to drink enough water and rest if you are tired during exercise. Make a healthy life. Managing stress, restricting alcoholic beverages and avoiding cigarettes are all a factor in a healthy lifestyle. Personal safety treatmentSeizures usually does not result in serious injuries, but if you have recurrent cramps, injury is a possibility. These steps can help you avoid injury during a seizure: Take care near the water. Do not swim alone and do not rest in a boat without someone nearby. Wear a helmet for protection during activities such as cycling or sporting events. Take a shower instead of a bath if someone nears you. Change the furniture. Pad sharp corners, buy furniture with rounded edges and choose chairs that have weapons to keep you from falling off your chair. Consider a carpet with thick upholduction to protect you if you fall. Showing capture first tips in a place where people can easily see them. Include any important phone numbers there too. Lifestyle and Home Remedies First AidIt is helpful to know what to do if you witness someone with a seizure. If you run the risk of having cramps in the future, go through this this together with family, friends and colleagues so they know what to do if you have a seizure. To help someone during the seizure, take these steps: Carefully roll the person to one side Place something soft under his or her head Loosen tight neck Avoid putting your fingers or other items in the person's mouth Don't try to restrain someone with a grip clear of dangerous objects if the person is moving stay with the person until the medical staff arrive to watch the person close, so you can provide details of the fact What happened Time Capture Stay calm overcoming and support If you live with a seizure disorder, you may feel anxious or stressed about what your future is. Stress can affect your mental health, so it is important to talk to your doctor about your feelings and look for ways you can find help. At home, your family can provide much-needed support. Tell them what you know about your seizure disorder. Let them know that they can ask you questions and be open to talking about their worries. Help them understand your condition by sharing any educational materials or other resources your health care provider has given you. At workMeet with your supervisor and talk about your seizure disorder and how it affects you. Discuss what you need from your supervisor or co-workers if a seizure occurs while working. Think about talking to your colleagues about seizure disorders - you can expand your support system and gain recognition and understanding. You're not alone, you don't have to go alone. Check with family and friends. Ask your health professional about local support groups or join the online support community. Don't be afraid to ask for help. Having a strong support system is important for life with any disease. Preparation for appointmentS In some cases, cramps need immediate medical attention, and there is always no time to prepare for the appointment. In other cases, your first appointment to assess a seizure may be with your family doctor or general practitioner. Or you can be referred to a specialist, such as a doctor trained in brain and nervous system conditions (neurologist) or neurologist trained in epilepsy (epileptologist). To prepare for an appointment, think about what you can do to prepare and understand what to expect from a doctor. What you can do is record the seizure information. Include the time, location, symptoms you experienced and how long it lasted if you know these details. Look for information from someone who may have seen the seizure, such as a family member, friend, or colleague, so you can record information you may not know. Be aware of any restrictions before you make appointments. During Ask if there is anything you need to do in advance to be ready for any medical tests or exams. Make a note about key personal personal including things like recent changes in life, or major stresses. Make a list of all the medications, vitamins or supplements you take, including dosages. Bring a family member or friend to help you remember all the information provided during the meeting. Also, because you may not be aware of everything that happens when you have a seizure, your doctor may want to ask questions to someone who witnessed it. Write down questions to ask your doctor. Preparing a list of questions will help you make the most of your time with your doctor. For cramps, some basic questions to ask your doctor include: What do you think caused my seizure? Do I need to do any tests? What approach to treatment do you recommend? What are the alternatives to the primary approach you propose? How likely am I to have another seizure? How can I make sure I don't hurt myself if I have another seizure? I have other diseases. How can I better manage them together? Are there any restrictions that I need to follow? Should I see a specialist? If it costs, and will my insurance cover it? Is there a common alternative to the drug you are prescribing? Are there any brochures or other printed materials that I can take home with me? Which websites do you recommend? In addition to the questions you are willing to ask your doctor, feel free to ask questions during your appointment at any time that you do not understand something. What to expect from your doctor, most likely to ask you a number of questions: Can you describe your episode capture? Where have you been and what happened right before it started? Has anyone witnessed what happened? What do you remember before the attack? What about the right thing after the seizure? What symptoms do you experience? How long does the seizure last? Have you ever had a seizure or other neurological problem in the past? Do you have any family members who have been diagnosed with a seizure disorder or epilepsy? Have you recently traveled outside the country? 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