

SEIZURES



DEFINITION:

Epilepsy is a group of symptoms caused from abnormal electrical activity in the brain, which results in seizures of varying magnitude.

TYPES OF SEIZURES:

Grand Mal (generalized seizures): Seizures that always produce a loss of consciousness. This type of seizure often starts with an aura (warning signal), such as ringing in the ears, tingling sensation or a distinct smell. The actual seizure starts with the tonic phase (continuous, stiff or rigid), followed by the clonic phase (spasmodic jerking and loss of consciousness). During the convulsive phase, the person may lose bladder or bowel control. Afterwards, the person may be very tired or want to sleep.

Petit Mal (partial seizures): Seizures where the person appears to stare into space and have a lapse of attention. The eyelids may flutter rapidly.

Focal: Seizures are similar to grand mal seizures where there is a loss of body tone and the person may collapse; however, the person usually does not lose consciousness. In Jacksonian focal seizures, there is localized twitching of muscles in the extremities which move up the arm or leg.

CONDITIONS THAT COULD TRIGGER SEIZURES:

- Hyperventilation
- Heightened emotional state of stress
- Excessive noise or bright flashing light
- Intense concentration
- Menstruation
- Growth spurts
- Hyperthermia (too much body heat)
- Hyperhydration (excess water ingestion)
- High alkalinity of the blood
- Lack of sleep or fatigue
- Constipation
- Improperly used medications
- Alcohol consumption
- Low blood sugar

WHAT TO DO IF A SEIZURE OCCURS:

- Remain calm; a seizure cannot be stopped.
- Help the person to the floor to avoid self injury.
- Turn the persons head to the side, so that secretions can drain from the mouth.
- Move all obstacles away from the person.
- Never force anything into the person's mouth or between clenched teeth.
- Do not restrain the person.
- Gently loosen any restraining clothing.
- Tilt the head back to open an airway if the person is having trouble breathing.
- Observe the person throughout the seizure and report the incident in detail.
- Call for medical help if the seizure lasts for more than 5 minutes (but it depends on individual student's medical reports), one seizure immediately follows another, or if it is the first known seizure.
- After the seizure, allow the person to rest.

COMMONLY USED MEDICATIONS:

- Valium
- Diazepam
- Depakene
- Phenobarbital
- Dilantin
- Tegretol
- Luminal

Seizure medications have a number of adverse side affects. Among these are reduced coordination and concentration, poor reaction time, drowsiness, blurred vision and irritability.

CONTRAINDICATED ACTIVITIES:

- Archery
- Parallel bars
- Balance beam
- Horseback riding
- Tackle football
- Wrestling
- Activities that involve repeated blows to the head (e.g., heading a soccer ball)
- Bicycling
- High bar
- Rope climbing
- Lacrosse
- Diving
- Underwater swimming
- Scuba diving

THE MOST COMMON SIGNS OF POSSIBLE SEIZURE ACTIVITY:

- Brief staring spells (5-10 seconds) in which the child does not respond to direct attempts to gain his attention

- Periods of confusion
- Head dropping
- Sudden loss of muscle tone
- Episodes of rapid blinking, or of the eyes rolling upwards
- Inappropriate movements of the mouth or face, accompanied by a blank expression
- Aimless, dazed behavior, including walking or repetitive movement that seem inappropriate to the environment
- Involuntary jerky of an arm or leg

NOTE: Observing a single instance of any of the these actions is no proof a seizure disorder. It could be caused by other things. But if the teacher sees a pattern of this behavior, it could be followed up in whatever manner the school requires when student health is at issue.

IMPLICATIONS FOR THE ADAPTED PHYSICAL EDUCATOR

- Avoid situations/activities that may be risky, such as stress, that may trigger a seizure.
- Be aware of common side effects of anti-convulsant.
- Be aware of the occurrence of generalized seizures. If these seizures have not previously been noted by parents, teachers, and others, the physical educator should notify parents and the child's physician of their occurrence.
- Be aware of body temperature.
- Check for breathing following seizure.
- Consult with physician before doing contact and collision sports.
- Do not place anything in mouth.
- Encourage vigorous activity and social interaction.
- Fill out appropriate incident/accident forms.
- Know individual precautions.
- Treat a child with seizures in ways similar to the way normal children are treat in a physical education class.
- Provide plan of action for other students during care of the individual with a generalized seizure.
- Protect from injury by placing soft materials under/near any moving body.
- Provide special supervision for swimming activities.
- Contact sports should be avoided, as should sports in which falling may be a hazard (diving, gymnastics, and trampolining).
- Provide place for rest following seizure.
- Provide additional staff during high risk activities.
- Refer student for medical care for atypical behavior such as irritability, drowsiness, increase in clumsiness, blurred vision, etc.
- Use caution in activities such as scuba diving.

SUGGESTED ACTIVITIES:

- Long distance running
- All fundamental motor skills
- Eye-limb coordination
- Swimming
- Dance
- Individual activities
- Group activities

IMPORTANT CONSIDERATIONS:

- All activities should be monitored and individually adjusted for each student's exercise tolerance and medical history.
- Before actual programming, check the district's medical history sheet and contact the student's physician.

Information on this sheet contains only suggested guidelines. Each student must be considered individually, and in many cases, a physician's written consent should be obtained.