

A Caregiver's Guide to Recording Seizures

Keeping a record of seizures is very useful. A description of the seizures will assist the doctor in making a diagnosis and making a decision regarding appropriate treatment.

Caregivers can be of great assistance by recording details of the seizures. In addition to detailing the characteristics of the seizures, a record will also provide information regarding the frequency and duration of the seizures. It may also help to identify any consistent seizure triggers.

You can use a Seizure Diary to chart seizures or find one through most epilepsy associations. You can also use a notebook or create your own chart.

How to describe the stages of a seizure

Certain medical terms are used to refer to the stages of a seizure:

Aura:

a simple partial seizure that may occur alone or may progress to a complex partial seizure or generalized seizure. An aura results in an unusual sensation, feeling, or movement. If the aura indicates the onset of a complex partial or generalized seizure, it can sometimes be used as a warning signal to allow a person to take the necessary precautions to avoid injury.

Ictus:

a term referring to the seizure itself.

Postictal period:

a period following a seizure. An individual may temporarily experience confusion (postictal confusion), weakness (postictal paralysis), or sleepiness (postictal state).

What to include in a seizure record

In the seizure record, it's important to take note of:

- The time the seizure occurred.
- The date the seizure occurred.
- How long the seizure lasted.

It's also helpful to include any information that describes the person's behavior before, during, or after the seizure, such as:

Before the seizure:

- What was the person doing before the seizure?
- 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, high stress, missed medication, missed meals)?
- Did the person experience symptoms that preceded the seizure by many hours or days (known as prodrome) such as mood changes, dizziness, anxiety, restlessness?

During the seizure:

- How did the seizure begin?
- Did the person experience an aura?
- Was there unusual or involuntary body movement? What part of the body moved first? Next?
- Was the person responsive during the seizure?
- Did the person experience daydreaming?
- Did the person stare blankly?
- Did the person experience automatisms (e.g. lip smacking, chewing movements, rapid blinking, head turning, pulling at clothing, random walking)?
- Did the person's eyelids flutter or eyes roll?
- Did the person's body become rigid?
- Did the person cry out or yell?
- Was there jerking and if so, did it occur on one side of the body more than on the other?
- Did the person's skin change color?
- Did the person's breathing change?
- Did the person fall?
- Did the person bite his or her tongue or lip?
- Did the person lose bowel or bladder control?

After the seizure:

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

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