Seizures are considered one of the six leading conditions that are likely to result in death for individuals with Intellectual/Development Disabilities (IDD) according to Health Risk Screening, Inc. (Green-McGowan, n.d.).

This is a guide for recognizing, preventing, and managing seizures. If someone is having a medical emergency, call 911 immediately.

**DEFINITIONS: (as defined by the Epilepsy Foundation)**

**Seizure**: A sudden surge of electrical activity in the brain. It usually affects how a person appears or acts for a short time. Whatever the brain and body can do normally can also occur during a seizure.

**Prodrome**: behaviors or feelings that occur hours to days before a seizure.

**Aura**: the actual start of a seizure and may be thought of as a ‘warning’.

**Ictus**: the seizure event.

**Postictal**: the recovery period after the seizure.

**Focal Onset**: Seizures that start in one area of the brain. Can be Focal Onset Aware or Focal Onset Impaired Awareness.

**Generalized Onset**: These seizures affect both sides of the brain and includes types like tonic-clonic, absence, or atonic.

**Unknown Onset**: When the beginning of a seizure is not known or not witnessed by anyone. May be later diagnosed at Generalized or Focal.

---

**OBSERVE!**

**SIGNS & SYMPTOMS**

These can vary depending on the type of seizures.

- Some may include:
  - Temporary confusion
  - A staring spell
  - Uncontrollable jerking movements of the arms and legs
  - Loss of consciousness or awareness
  - Cognitive or emotional symptoms, such as fear, anxiety or deja vu

---

**Tips for seizure Observation and Recording:**

- Behavior before the seizure
- When event occurs
- Possible triggers or factors that may make event more likely to occur
- What happens during the event
- Part of Body involved
- What happens after event
- How long it lasted
**DECIDE!**

**SOME RISK FACTORS FOR DEVELOPING SEIZURES:**
- Autism spectrum disorders
- Cerebral Palsy
- Intellectual and developmental disabilities
- Stroke that is caused by blocked arteries
- Alzheimer’s disease (late in illness)
- Serious brain injury
- Brain Tumor
- Inflammation of the brain
- Lack of oxygen to the brain
- Being born with abnormal areas in the brain

**COMMON TRIGGERS:**
- Triggers can be discovered by reviewing documentation of the seizures or keeping a seizure diary.
- May occur at a specific time of day or night
- Sleep deprivation
- During illness or fevers
- Flashing bright lights or patterns
- Alcohol or drug use
- Stress
- Associated with female menstrual cycle or other hormonal changes
- Not eating well, low blood sugar
- Certain foods, excess caffeine
- Certain medications

**ACT!**

**Seizure Prevention**
- Avoid known triggers
- Administer medication faithfully and at about the same time daily.
- Be VERY aware when starting ANY new medications
- Healthy lifestyle-nutrition, hydration, sleep, stress reduction

**What to Do During a Seizure:**
- Stay with the person until the seizure is over
- Protect the person from injury
- Remove items around them that might cause injury
- Place something soft under their head to prevent injury
- Turn them to their side
- DO NOT RESTRAIN THEM
- DO NOT PUT ANYTHING IN THEIR MOUTH
- Follow seizure protocol for your agency or individual specific protocol.

**Safety Tips:**
- Take Precautions around water like swimming pools and bathing.
- Wear a helmet while bike riding or during sports.
- Take showers instead of baths
- Pad sharp edges on furniture in your home.
- Carpet floors

**When to Call 911:**
- It is the person’s first seizure
- The seizure lasts longer than 5 minutes
- Another seizure begins soon after the first
- The person doesn’t “Wake Up” after the movements have stopped
- The person was injured during the seizure