

# System Disorder

STUDENT NAME

DISORDER/DISEASE PROCESS

Danielle Rode VN b69 Week 2 #2  
epilepsy (seizure)REVIEW MODULE  
CHAPTERAlterations in Health  
(Diagnosis)

impaired breathing, difficulty coping

Risk of falling, injuries due to fall

Pathophysiology Related  
to Client ProblemTransient, uncontrolled brain electrical  
discharge of the neurons, interrupts  
normal functionHealth Promotion and  
Disease Prevention

Prevent seizures w/ antiseizure medication

Maintain proper diet, get adequate  
rest, exercise

## ASSESSMENT

## Risk Factors

- genetic abnormalities
- injury to brain from trauma/stroke
- baby infection
- sleep deprived

## Expected Findings

- Temporary confusion
- Staring into space
- Uncontrollable jerking movements of arms/legs
- Loss of consciousness, awareness
- Anxiety/fear

## Laboratory Tests

- CBC
- Urinalysis
- electrolytes
- creatinine
- fasting glucose test

## Diagnostic Procedures

- CT
- MRI
- MRA
- MRS
- PET Scan
- EEG

SAFETY  
CONSIDERATIONS

Side effects of medication  
that overlap w/ depressive symptoms.

Age related changes in  
liver, harder to digest/  
metabolize drugs = toxicity

## PATIENT-CENTERED CARE

## Nursing Care

- Assess/Record details/triggers of seizures, length, LOC, vs
- Airway open/effective
- place suction on equipment (bag-valve, O2 at pt's bedside)

## Therapeutic Procedures

- drug therapy
- surgery
- vagal nerve stimulation
- physical therapy

## Medications

- (Antiseizure)
  - carbamazepine
  - clonazepam
  - gabapentin
  - phenytoin

## Client Education

- Follow medication dosage
- general safety measures
- avoid alcohol/drugs (abuse)
- get adequate sleep
- how to handle stress

## Interprofessional Care

- Physical therapist
- Neurologist

## Complications

- status epilepticus:**
  - continuous seizure activity, or when seizures recur in rapid sessions w/out return of consciousness between episodes.
  - during seizures the brain is using more energy than it can supply resulting in permanent brain damage.