

FACT SHEET



Physical Changes After Brain Injury Seizures

QUICK FACTS

- Most common in the first weeks after brain injury and may improve with time
- It is possible for people to develop seizures weeks, months, or even years post-injury
- Seizures may be referred to as early post-traumatic seizures (first week after injury) or late post-traumatic seizure (more than 7 days after injury)

WHAT MIGHT IT LOOK LIKE?

Pre-seizure, individuals report:

- Unusual sensations of smell, taste or vision
- An intense feeling that a seizure is about to begin (called an aura)
- An aura may be associated with an unpleasant sensation

During a seizure, individuals report:

- Absence (petit mal) seizures: survivor remains conscious and aware but their consciousness is impaired
- Tonic-clonic (Grand mal) seizures: jerking of the limbs, frothing at the mouth and loss of consciousness
- Other types of seizures include tonic, clonic, myoclonic, atonic and focal.
- A seizure may last a few seconds to 5 minutes
- Their senses may be altered
- There may be a loss of bowel or bladder control

Post seizure, individuals report:

- Complaints of headache, sore muscles, unusual sensations and extreme fatigue

WHAT ARE THE POSSIBLE CAUSES AND COMPLICATIONS?

Possible causes:

- When electrical activity/signals in the brain that are usually very systematic and controlled become random and erratic
- A seizure often happens when there is a scar in the brain
- Individuals may lose their independence such as through a loss of their driver's license
- High fever
- Loss of sleep and extreme fatigue
- Drug and alcohol use
- Chemical changes in the body such as low sodium or magnesium, or high calcium

Possible complications:

- Increased risk of injury if the person falls
- Loss of independence (e.g. lose driver's license)
- If seizures last too long, may cause additional damage to the brain

Disclaimer: This information is not meant to replace advice from a medical doctor. Consult a health care provider regarding specific medical concerns or treatment.

FACT SHEET CONTINUED.



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WHAT CAN WE DO?

- Encourage the individual to wear a medical ID bracelet or carry medical identification
- Encourage the individual to avoid activities that may increase their risk of injury if a seizure were to occur (e.g. driving, climbing a ladder)

Discuss when 9-1-1 should be called with the primary care provider

- General guidelines for when to call 911 include:
 - If a seizure lasts more than 5 minutes
 - If a seizure repeats without a full recovery between seizures
 - If consciousness or regular breathing do not return after the seizure ends
 - If they are pregnant, have diabetes, or appear injured
 - If this is the first seizure

The following are common recommendations of how to respond to seizures:

- Before a seizure:
 - If possible, protect the individual from falling
- During a seizure:
 - Make the area safe by removing any dangers
 - Loosen clothing around the neck
 - Support their head
 - If unconscious, roll onto one side to ease breathing
 - Remain with them until they are completely awake and can move about safely
 - Talk to them calmly even if they do not respond
 - *****Do not place anything in their mouth**
- After a seizure:
 - Log the seizure, describe and report all seizure activity
 - Consider using an app designed to track seizures
 - Ensure the individual is in a comfortable location and position
 - Do not give them anything to eat or drink until they have fully recovered

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