



Managing Riders with Seizures

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Objectives

- Identify common diagnosis at higher risk for seizures
- Identify Signs/symptoms of a seizure
- Identify specific questions to ask of family/caregivers
- Review precautions and contraindications of seizures for EAAT
- Learn proper first aid procedures for a seizure

Why is this Important?

- ▶ SAFETY FIRST: Chances are, many of your riders have had seizures and knowing how to react is Important.
- ▶ In over half the cases no cause can be identified in children so it may be unexpected
- ▶ Effective management begins with recognizing and identifying symptoms followed by communication with family/caregivers

What is a Seizure?

- ▶ A sudden, uncontrolled electrical disturbance in the brain. Can cause changes in behaviors, movements, feelings or level of consciousness.
- ▶ If you have 2 or more seizures, or a tendency to have recurrent seizures, you have epilepsy. You can have a seizure and NOT have epilepsy.
- ▶ Most seizures last 30 seconds to 2 minutes.

Epilepsy and Seizures are Common

- ▶ About 2.2 million Americans have epilepsy, more than 65 million worldwide
- ▶ Epilepsy is the 4th most common neurological disorder after migraines, stroke and Alzheimer's
- ▶ ~150,000 people are newly diagnosed with epilepsy each year
 - ▶ 1 in 26 people will develop epilepsy in their lifetime

Common Diagnosis with Seizures

- ▶ Most common chronic neurological condition in Children is epilepsy
- ▶ Occur in ~50% of children with Cerebral Palsy
- ▶ Traumatic Brain Injury/Brain Lesions
- ▶ Congenital Malformations
- ▶ Neuro-developmental Delays

Other Triggers for Seizures

- ▶ High Fevers
- ▶ Infections in the Brain
- ▶ Poisoning
- ▶ Missed or Late medications
- ▶ Emotional Stress
- ▶ Sleep Deprivation
- ▶ Hormonal Changes
- ▶ Alcohol/Recreational Drugs
- ▶ Drug interactions
- ▶ Missed Meals/Nutritional deficiencies
- ▶ Specific Stimuli
 - ▶ Flashing lights
 - ▶ Hyperventilation
 - ▶ Loud/sudden noises



Identify
Signs/Symptoms
of a Seizure

Absence Seizure Symptoms

- ▶ Staring into Space
- ▶ Lip Smacking
- ▶ Chewing or blinking motions
- ▶ Blurry vision or brief loss of hearing

- ▶ Often Confused with:
 - ▶ Daydreaming
 - ▶ Inattentiveness
 - ▶ ADD

Absence Seizure

▶ JavaScript::;

Simple Partial Seizures

- ▶ Consciousness is not impaired
- ▶ Involuntary movements (isolated twitching/moving of arms/legs)
- ▶ Sensory symptoms (tingling, numbness, visual distortions, sounds)
- ▶ Psychic symptoms (hallucinations, fear, anxiety)
- ▶ Usually less than 1 minute

- ▶ Confused with:
 - ▶ Acting out, psychological problems

Simple Partial Seizure

▶ <https://youtu.be/gbryS0alqOc>

Complex Partial Seizure

- ▶ Altered awareness
- ▶ Nonsensical speech
- ▶ Clumsy or disorientated movements
- ▶ Picking things up
- ▶ Aimless walking
- ▶ Often lasts 1-3 minutes

- ▶ Confused with:
 - ▶ Drunkenness or drug abuse, Aggressive behavior

Complex Partial seizure

▶ <https://youtu.be/gAffjRI3KTs>

Tonic-Clonic Seizure

- ▶ Sudden hoarse cry
- ▶ Loss of consciousness (may fall if standing)
- ▶ Muscles become stiff followed by rhythmic jerking
- ▶ Biting of tongue may occur
- ▶ Generally lasts 1-3 minutes

Caretaker Questionnaire

1. What type of seizure
2. Typical Aura or pre-seizure behaviors
3. What are typical motor behaviors during seizures
4. Post-seizure behavior and duration
5. Average duration of seizures
6. Current frequency of seizures
7. What to do if a seizure occurs at the center

Precautions

- ▶ If the motor activity, change in postural tone, loss of motor control or alteration in consciousness is minor and unlikely to frighten or injure the equine participant or staff
- ▶ Seizure medications may cause drowsiness or photo sensitivity
- ▶ Sensitivity of equine to seizure activity
- ▶ Availability of appropriate equine

Contraindications

- ▶ Recent seizure activity accompanied by strong uncontrollable motor activity or atonic/drop attack seizures due to their sudden and complete loss of postural muscle tone.
- ▶ A change of frequency or type of seizure until the condition is evaluated.
- ▶ Inability to manage a participant during an emergency dismount should a seizure occur.

Safety on the Horse

- ▶ Know the tolerance of your equine and past medical history of your clients
- ▶ Absence seizure: If no motor involvement or lack of postural control, Stop activity until alertness returns.
- ▶ All other seizures: If any uncontrolled motor movements or lack of postural control Complete emergency dismount per your centers protocol.

First Aid

- ▶ <https://www.youtube.com/watch?v=XyDHG02phs0#action=share>

FIRST AID FOR SEIZURES

TONIC CLONIC SEIZURE

Convulsive seizures where the body stiffens (tonic phase) followed by general muscle jerking (clonic phase).



DO

- ✓ Stay with the person
- ✓ Time seizure
- ✓ Protect from injury especially the head
- ✓ Roll onto side after jerking stops OR immediately if food/fluid/vomit in mouth
- ✓ Observe and monitor breathing
- ✓ Gently reassure until recovered

DO NOT

- ✗ Put anything in the person's mouth
- ✗ Restrain the person
- ✗ Move person unless in danger

FOCAL DYSCOGNITIVE SEIZURE (complex partial)

Non-convulsive seizures with outward signs of confusion, inappropriate responses or behaviour.

- Stay with the person
- Time seizure
- Gently guide away from harm
- Reassure until recovered
- DO NOT restrain the person unless in danger

CALL 000 FOR AN AMBULANCE IF:

- You are in any doubt
- Injury has occurred
- There is food/fluid/vomit in mouth
- Seizure occurs in water
- Person has breathing difficulties after jerking stops
- Another seizure quickly follows
- Seizure lasts longer than 5 mins
- The person is non-responsive for more than 5 mins after the seizure ends



This is not medical advice nor an exhaustive list of responses to seizures. This is a guide to help you consider your response to seizures. If you are in any doubt about what to do, do not hesitate to call an ambulance.

For more information or advice about epilepsy, contact Epilepsy Action Australia on 1300 37 45 37 or visit www.epilepsy.org.au



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First Aid