

Prognosis

Only about half of children who experience a first seizure will experience additional seizures ([El-Radhi, 2015](#)). Therefore children who have had a single seizure are not diagnosed with epilepsy and rarely started on antiepileptic drugs. Children with cerebral palsy and/or cognitive impairments are at highest risk of developing epilepsy. Prognosis for eventual remission of childhood epilepsy depends on the etiology and epilepsy syndrome diagnosis. Some syndromes almost always remit, whereas others almost never do ([Camfield and Camfield, 2014](#)). Intractable seizures are failure to control seizures after two appropriately selected antiepileptic medications are trialed ([Wassenaar, Leijten, Egberts, et al, 2013](#)). Most mortality in children with epilepsy is due to factors associated with a child's coexisting neurological conditions and poorly controlled seizures ([Berg and Rychlik, 2015](#)). Deaths from epilepsy in children who have no other neurological conditions occur at the same rate as childhood deaths from other causes, such as accidents ([Nickels, Grosshardt, and Wirrell, 2012](#)).

Quality Patient Outcomes: Seizures

- Etiology of seizure determined
- Seizures controlled or reduced in frequency and severity
- Family and child receive education to manage seizures
- Child adhering to treatment
- Side effects of treatment minimized
- No physical injury as a result of seizure activity

Nursing Care Management

An important nursing responsibility is to observe the seizure episode and accurately document the events. Any alterations in behavior preceding the seizure and the characteristics of the episode, such as sensory-hallucinatory phenomena (e.g., an aura), motor effects (e.g., eye movements, muscular contractions),