

SEIZURE SUMMARIES

ATONIC SEIZURE (DROP SEIZURE)

ⓘ **Atonic seizures can often be confused with the act of dozing off (ex. an individual nodding off to rest while sitting upright, then abruptly waking up), or a behavioral tic.**¹⁻³

LENGTH

Atonic seizures last less than 15 seconds.¹

HEAD DROP

The individual's neck muscles go limp, causing their head to suddenly drop or fall forward. Then, they immediately recover.¹

MUSCLE WEAKNESS

The rest of the individual's body also goes limp, like a rag doll. If they're sitting, their body may slump forward. If they're standing, they may fall over.¹

AFTER THE SEIZURE (POSTICTAL)

The individual may immediately return to normal and continue doing whatever they were doing before.¹

ATYPICAL ABSENCE SEIZURE

ⓘ **Atypical absence seizures can often be confused with daydreaming, staring into space, or behavioral issues.**⁴

LENGTH

Atypical absence seizures normally last 5 to 30 seconds.⁵

BLANK STARE

The individual "blanks out" or stares into space for a short period of time, unaware of what's going on.⁵

EYE MOVEMENT

The individual's eyes may turn upwards, then slowly close and open.⁴

OTHER MOVEMENTS

The individual may also blink, make chewing movements with their mouth, smack or slightly jerk their lips, or rub their fingers or hands.⁵

AFTER THE SEIZURE (POSTICTAL)

The individual's eyes and body return to normal, and they usually continue doing whatever they were doing before. If they experience several of these seizures back-to-back, they may be confused or tired.⁵



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SEIZURE SUMMARIES

FOCAL IMPAIRED AWARENESS SEIZURE

ⓘ Focal impaired awareness seizures can often be confused with repetitive behavioral tics, daydreaming, or altered awareness as a side effect of medication.^{6,7}

LENGTH

Focal impaired awareness seizures normally last 1 to 2 minutes, but can be several minutes long.^{6,8,9}

EYE MOVEMENT

The individual's eyes and head may drift upwards or to one side.^{6,8}

UNCONTROLLABLE, REPETITIVE MOVEMENTS

The individual may repeat behaviors in a way that seems intentional, but isn't (ex. chewing or smacking their lips or picking at their hair or clothes).⁶

AFTER THE SEIZURE (POSTICTAL)

The individual returns to normal but looks confused or tired.⁶

TONIC SEIZURE

ⓘ Tonic seizures can often be confused with nightmares or bad dreams.^{10,11}

LENGTH

Tonic seizures normally last less than 20 seconds.¹⁰

MUSCLE STIFFNESS

The individual's arm, leg, or other muscles suddenly tense/stiffen, and their hands may clench into fists or spread open.¹⁰

BACK ARCHING

The individual's neck stiffens, and their back may arch dramatically.^{10,11}

DURING SLEEP

The individual will often be sleeping when they experience this type of seizure, but it can also happen when they're awake.¹⁰

AFTER THE SEIZURE (POSTICTAL)

The individual quickly returns to normal but may look confused or tired.¹⁰



SEE A SEIZURE

WHEN YOU SEE A SEIZURE, **LOG IT.**

Looking out for seizures means looking out for your residents.

When a seizure strikes like a **STORM**, document these details:

S		START DATE AND TIME When did the seizure happen? (ex. Monday 7/14 at 12:35 PM)
T		TOTAL LENGTH How long did the seizure last? (ex. less than 1 minute, 1 to 2 minutes, or around 5 minutes)
O		OBSERVED SYMPTOMS Which side of the body did the seizure affect first? What happened during it? (ex. seizure started on left side; they tensed up, stared blankly, or fell)
R		RELATED EVENTS Did anything seem to cause, or trigger, the seizure? (ex. showed signs of infection, constipation, or emotional stress)
M		MOMENTS BEFORE AND AFTER How did your resident act before and after (postictal) the seizure? (ex. agitated, confused, or sleepy)



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APPOINTMENT DOCUMENTS CHECKLIST

Bring the following documents to your resident's doctor's appointments, so their care team can provide the best care possible:

SEIZURE LOGS

Include how often your resident experiences seizures, how long they last, and the symptoms you've noticed during them.

FACE SHEET

Include any other information you think your resident's care team should know and the reason you're seeking further care for them.

MEDICATION RECORDS

Include a list of all the medications your resident has taken for their condition(s) (including rescue medications) and any reactions they've had to them.

LAB RESULTS

Include a note about any active drug levels in your resident's system at the time of the report.



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References: **1.** Kiriakopoulos E. Epilepsy Foundation. Accessed November 6, 2025. <https://www.epilepsy.com/what-is-epilepsy/seizure-types/atonic-seizures> **2.** Mittal SO. *Drugs Context*. 2020;9:2019-12-2. **3.** Mills S, Hedderly T. *Ulster Med J*. 2014;83(1):22-30. **4.** Kiriakopoulos E, Shafer PO. Epilepsy Foundation. Updated August 26, 2019. Accessed November 6, 2025. <https://www.epilepsy.com/what-is-epilepsy/seizure-types/absence-seizures> **5.** Kiriakopoulos E. Epilepsy Foundation. Updated August 26, 2019. Accessed November 6, 2025. <https://www.epilepsy.com/what-is-epilepsy/seizure-types/atypical-absence-seizures> **6.** Kiriakopoulos E, Shafer PO. Epilepsy Foundation. Updated March 23, 2017. Accessed November 6, 2025. <https://www.epilepsy.com/what-is-epilepsy/seizure-types/focal-onset-impaired-awareness-seizures> **7.** Kaplan PW. *Dialogues Clin Neurosci*. 2003;5(2):187-200. **8.** Kumar A, Ighodaro ET, Sharma S. In: StatPearls [Internet]. StatPearls Publishing. Updated March 19, 2024. Accessed November 6, 2025. <https://www.ncbi.nlm.nih.gov/books/NBK519030/> **9.** Epilepsy Foundation New England. Accessed November 6, 2025. <https://epilepsynewengland.org/knowledge-center/types-of-seizures/focal-impaired-awareness-seizures> **10.** Kiriakopoulos E, Shafer PO. Epilepsy Foundation. Updated March 27, 2017. Accessed November 6, 2025. <https://www.epilepsy.com/what-is-epilepsy/seizure-types/tonic-seizures> **11.** Duncan AH, Peric I, Boston R, Seneviratne U. *J Neurol*. 2022;269(4):2172-2178.