



REFLECTION ABOUT THE ROLE OF NURSING TO THE PATIENT WITH EPILEPSY IN INTRA AND EXTRA-HOSPITAL CARE

REFLEXÃO SOBRE O PAPEL DA ENFERMAGEM AO PACIENTE COM EPILEPSIA NO ATENDIMENTO INTRA E EXTRA-HOSPITALAR

REFLEXIÓN ACERCA DEL PAPEL DE ENFERMERÍA AL PACIENTE CON EPILEPSIA EN CUIDADO INTRA Y EXTRA-HOSPITAL

Adenize Carvalho dos Santos¹, Daniele Aparecida Moura², Giselle Clemente Sailer³, Lucilene Cardoso⁴, Mayara Machado Maia⁵, Vivian Aline Preto⁶

ABSTRACT

Objective: reflecting on the role of nursing to the patient with epilepsy during intra-hospital crisis and extra-hospital care, emphasizing the importance of the professional of nursing in patient care with epilepsy and how it can act in different situations relevant disease. **Method:** this is a reflection about the role of nursing before epilepsy in intra and extra-hospital environment. **Results:** the role of nursing for the patient with epilepsy needs many improvements and knowledge so that the patient can receive the best possible care during the crisis. **Conclusion:** when is about epilepsy, nursing plays a key role both in-hospital environment as the family and the community. **Descriptors:** Epilepsy; Epileptical Crisis; Education and Nursing; Nursing in Emergencies.

RESUMO

Objetivo: refletir sobre o papel da enfermagem ao paciente com epilepsia durante a crise intra-hospitalar e no acompanhamento extra-hospitalar, evidenciando a importância do profissional de enfermagem no cuidado ao paciente com epilepsia e como ele pode atuar em diferentes situações relevantes da doença. **Método:** trata-se de uma reflexão acerca o papel da enfermagem diante da epilepsia no ambiente intra e extra-hospitalar. **Resultados:** o papel da enfermagem ao paciente com epilepsia necessita de muitos aprimoramentos e conhecimentos para que o paciente possa receber o melhor atendimento possível durante a crise. **Conclusão:** quando se trata de epilepsia o papel da enfermagem é fundamental, tanto em ambiente intra-hospitalar como na família e na comunidade. **Descritores:** Epilepsia; Crise Epiléptica; Educação e Enfermagem; Enfermagem em Emergências.

RESUMEN

Objetivo: reflexionar acerca del papel de la enfermería al paciente con epilepsia durante la crisis intra-hospitalaria y de seguimiento extra-hospitalario, haciendo hincapié en la importancia de los profesionales de enfermería en la atención al paciente con epilepsia y cómo se puede actuar en diferentes situaciones de la enfermedad en cuestión. **Método:** se trata de una reflexión acerca del papel de la enfermería frente a la epilepsia en el ambiente intra y extra-hospitalario. **Resultados:** el papel de la enfermería al paciente con epilepsia necesita muchas mejoras y conocimientos para que el paciente pueda recibir la mejor atención posible durante la crisis. **Conclusión:** cuando se trata de la epilepsia el papel de la enfermería es fundamental, tanto en ambiente intra-hospitalario como en la familia y la comunidad. **Descriptores:** Epilepsia; Crisis Epiléptica; Educación y Enfermería; Enfermería en Emergencias.

¹Nurse, Catholic University Center Unisalesiano Auxilium. Araçatuba (SP), Brazil. Email: adenizejuina2010@hotmail.com; ²Nurse, Catholic University Center Unisalesiano Auxilium. Araçatuba (SP), Brazil. Email: daniele-moura2014@hotmail.com; ³Nurse, Master Teacher of Psychiatric Nursing, Nursing Program, Catholic University Center Unisalesiano Auxilium. Araçatuba (SP), Brazil. Email: gikasailer@hotmail.com; ⁴Nurse Professor, Nursing School of Ribeirao Preto, University of São Paulo/USP. Email: Lucilene@eerp.usp.br; ⁵Nurse, Catholic University Center Unisalesiano Auxilium. Araçatuba (SP), Brazil. Email: mayara.machado7@hotmail.com; ⁶Nurse, Master Teacher of Psychiatric Nursing, Nursing Program, Catholic University Center Unisalesiano Auxilium. Araçatuba (SP), Brazil. Email: viviusp@yahoo.com.br

INTRODUCTION

Epilepsy is a neurological disorder, considered the second most common cause of convulsions in young adults and a serious health problem, compromising individuals of all ages, races and socio-economic classes.¹ It is a condition in which a person has convulsions due to an underlying chronic process that relates to a clinical phenomenon rather than just a single pathological entity, since there are many forms and causes of epilepsy.²

By interfering in the daily sick person, influencing the development of activities of daily living, epilepsy can trigger dependency feelings towards others, especially the family. It is common prejudice against people with epilepsy in schools, workplaces and other social situations.³

Given this scenario, it launched the global campaign "Epilepsy out of the shadows", arguing that it is necessary to definitively break with the social stigma that accompanies patients through proper care, effective and humane based on scientific knowledge that address the various biopsychosocial factors affecting the lifestyle, the have and live.^{3,4}

In the old days, people with epilepsy were called as carrier of epilepsy. But the word *carrier* means: "who takes or brings with itself or inside; who, on behalf of others, whether or not, brings something anywhere to any destination".⁵ Or it can also mean the individual in whose body is present the infectious disease-causing germ and that can be transmitter of this, without even being ill.⁵ This term that, due to its negative connotation, will be replaced by "people with epilepsy" in this article.

Recommends the Brazilian Association of Epilepsy that the terms *disease*, *carrier* and *epileptic* must be outlawed (and epilepsy should be considered a disorder, and the individuals that present it, *people with epilepsy*.) and the epilepsy considered a disorder that leads individuals to fall ill and be considered "*persons with epilepsy*".⁶

Because of prejudice and negative attitudes that are submitted socially, people with epilepsy tend to face psychosocial problems such as fear, shame, social isolation, difficulties in social relationships, activity restriction, among others. From there, these people fail to enter into society because they cannot get a job, do not feel accepted and are struggling to raise a family. For this reason, in addition to requiring an adaptation to a new lifestyle, epilepsy also requires a

redefinition of identity of persons, affecting every phase of life in these different aspects.⁷

Studies show epilepsy as a disease characterized by hyperactivity state of neurons and brain circuits, capable of generating synchronous electrical discharges and can manifest itself in various ways, from interictal electroencephalographic discharges to prolonged outbreaks occurring with seizures or, in more serious cases, taking the form of status epilepticus, a condition characterized by prolonged isolated seizures or repeated seizures at short intervals.^{1,2,8,9}

This disease may be due to various underlying conditions and various pathophysiological mechanisms, although most cases are classified as idiopathic (presumed genetic origin) or cryptogenic (originating from a previous injury that is not set).⁹ It can be also classified as symptomatic epilepsy or secondary, when there is a well-known cause, for example, after an infection involving the brain (eg., meningitis or encephalitis), or after a head injury, or because the brain never developed properly.¹⁰

Thus, epilepsy is characterized as a chronic neurological condition characterized by Epileptic Crisis (EC) recurrent, caused by excessive neuronal activity in the brain, usually self-limited.¹¹ A seizure may be due to a temporary physiological dysfunction of the brain caused by a hypersynchronous abnormal electrical discharge and self-limited cortical neurons.⁹ Today, the classification used epileptic seizures is the Classification of Epileptical Crisis of 1981, drawn up by the International League Against Epilepsy (ILAE). This system classifies seizures by clinical symptoms supplemented by EEG data.⁹

The epileptic seizure, popularly called the seizure, may be generalized or partial. Generalized involve absence of attacks, myoclonic, atonic or astatic and tonic-clonic. And the so-called partial seizures may be simple or complex.¹⁰

The absence crisis (petit mal) can be atypical and typical. Atypical crisis are momentary lapses of vigilance that are accompanied by fixed property look and stop any ongoing activity, so that the absence seizures begin and end abruptly, occurring without warning or post-critical period. Atypical absence seizures happens when the beginning and the end of a crisis is not very clear, or when it includes components tonics and autonomic.⁹

On the other hand, the typical absence seizure consists of brief episodes of impaired consciousness, accompanied by motor manifestations, very discreet, as oral

automatic and manual, flashing, increased or decreased muscle tone and autonomic signals. They last about 10 to 30 seconds and exhibit abrupt beginning and end, occurring in general several times per day.⁸

The myoclonic crisis is a sudden and brief muscle contraction that may affect some or all of the body. Although the distinction with other forms of myoclonus is inaccurate, the myoclonic seizures are considered true epileptic events, since they are caused by cortical dysfunction (*versus* subcortical or spinal). The atonic seizures are characterized by sudden loss of postural tone from 1 to 2 seconds in duration. There is a brief loss of consciousness, but does not usually occur post-ictal confusion. A very brief seizure may generate only a rapid fall of the head or head tilting movement, while a longer seizure causes the patient to fall.²

Atonic-astatic crisis are crises that appear abnormal brains by a generalized encephalopathy and manifested by a sudden drop with loss of consciousness and sudden loss of muscle tone that leads to fall. These crises can be confused easily with myoclonic seizures of greater intensity or tonic seizures short.¹²

Generalized tonic-clonic seizures are the main type of seizures in about 10% of all people with epilepsy. The initial phase of the seizure is usually tonic contraction of muscles throughout the body, indeed responsible for many of the classic features event. The tonic contraction of the expiration and larynx muscles at the beginning of the seizure produces a whine or screech. The breathing is impaired, thus the secretions accumulate in the oropharynx and the patient becomes cyanotic. The contraction of the muscles of the jaw can get him to bite his tongue. Thus there is a sharp increase in the sympathetic tone generating increases in heart rate, blood pressure and pupil size.²

During a tonic-clonic crisis stertorous breathing replaces the initial sustained apnea and the resulting cyanosis, which is disappearing. If the bladder is full can then be a urinary incontinence and emptying the same. The tongue biting right at the start of tonic contraction and may extend throughout the clonic phase.²

Seizures can result from a primary dysfunction of the nervous system, a metabolic disorder or an underlying disease. So not always a seizure translates as epilepsy.¹²

It is defined a seizure (from the Latin *convulsum*, snatch, pull hard) as a paroxysmal event due to abnormal discharge, excessive

and hypersynchronous of an aggregate of neurons in the central nervous system (CNS). According to the distribution of discharges, this abnormal activity of the CNS can have several manifestations, ranging from a dramatic seizure activity to experience phenomena not readily discernible by an observer.²

An epileptic seizure is a transitory event, a symptom of a disorder of brain function. Although being the main manifestation of epilepsy, not all seizures indicate epilepsy. Epilepsy is a chronic disorder, or a group of chronic disorders in which the essential characteristic is the recurrence of seizures which are typically not caused and generally unpredictable.⁹

Simple partial seizures occur when the critical discharge originates from a limited and often restricted area of the cortex, the epileptogenic focus. Almost all the symptoms or phenomena can be a subjective manifestation (aura) or observable from a simple partial seizure, ranging from a disorder elementary motor (Jacksonian crises, adverse crises) and unilateral sensitive to complex emotional phenomena, psychoillusory, hallucinatory or dysmnesics. Patients can usually interact with the environment during simple partial seizures, except for limitations imposed by the crisis to specific localized brain functions.⁹

Complex partial seizures are characterized by a sudden suspension of consciousness during which the patient is to look "strange". First appear at any age, not just in childhood or adolescence and are accompanied by very typical automatic swallowing or chewing, walking automation engines or move on clothes unsystematic way, or even automatic vocalization with or without verbalization.¹²

The aura is described as a feeling that occurs early in the convulsive crisis and is the set of manifestations, usually subjective, that preceeds the arrival of an epileptic seizure and provide accurate information about the location of the lesion in the brain hemispheres.¹³ Auras are in general of short duration, not exceeding 1 or 2 minutes. Examples: epigastric aura (sensation of nausea, malaise); fear; depression and anxiety (often occurs in the interictal period, but can occur before the crisis); *déjà-vu*, *jamais vu*; and forced thought (impression of experiencing something that has happened before - *déjà-vu*, or seems totally weird - *jamais vu*, or thought that occurs repeatedly even when trying to focus on another fact); hallucinations taste, smell, hearing, and somesthetic and visual.¹⁴ If stressing that each

person has a kind of aura and his understanding and early recognition can prevent possible injuries at the time of crisis.¹⁵

The diagnosis of epilepsy is based on clinical history, description of seizure activity by those who witnessed, physical examination (search for focal findings) and encephalographic findings.⁽⁸⁾ Data from physical examination, analysis of laboratory tests such as Electroencephalogram (EEG), Magnetic Resonance Imaging and Videoelectroencephalogram are also important for the diagnosis and classification of crisis.¹⁶

Before such complexity, it is observed that nursing has a very important role in the care of patients with epilepsy, both at the beginning and at the end of seizures, in support of the examinations and treatments to be performed.¹⁶ In health care, these professionals develop more humane procedure and empathetic with their patients, developing interpersonal relationships as a basis for planning its assistance on ethical and legal requirements that exceed the existing social prejudice about epilepsy. It is the responsibility of nursing support and help people with epilepsy and their families in understanding the disease and its treatment modalities, the importance of treatment adherence and overcome difficulties by providing effective guidance, facilitating, wherever possible treatment and adjusting the peculiarities therapy to the routine of life of each patient.

Therefore, this article is intended to bring contributions critical reflective about the important role of nursing in patient care with epilepsy in the health care context in Brazil. Demonstrating the importance of nursing professionals on the patient with epilepsy and how it can act in different situations relevant regarding the subject.

The proposed work is intended to carry out a reflection on the role of nursing in patient care with epilepsy, highlighting the complexity of the disease and the knowledge necessary to carry out adequate assistance.

OBJECTIVE

♦ Reflecting about the role of nursing to the patient with epilepsy during intra-hospital crisis and extra-hospital treatment, in Brazilian health services.

METHODOLOGY

It is a reflection about the role of nurses facing epilepsy in intra and extra-hospital

environment, highlighting its importance at different times, since the crisis to its role in the community. Thus, this methodological approach allowed some considerations on the subject, highlighting the functions and features work in different environments, but are involved in the diagnostic process, monitoring and care of epilepsy crises.

RESULTS

♦ The role of nursing to the patient with epilepsy during intra-hospital crisis

In tertiary care the nurse, as a member of the multidisciplinary team, is primarily responsible for the provision of assistance to the individual, the family and the community in situations requiring action related to the promotion, protection and recovery of health, disease prevention, rehabilitation of disabled relief of suffering and promote healing environment, considering the medical diagnosis and treatment plans in the medical and nursing.¹⁷

There are few studies that portray the assistance provided to people with epilepsy by the public health service, which is still a stereotyped disease by society and which requires the responsible agencies and their professional competence and ability to respond to these demands.¹⁸

It was noted that the detection of a seizure is still lacking for nursing professionals that the respondents were unable to identify the types of seizures.¹⁹

Unfortunately it is not only nursing that often cannot identify a seizure, there is evidence that general practitioners incorrectly diagnose numerous neurological problems and many cases are referred to neurology for diagnostic uncertainty of general medical.²⁰

The patient by presenting a seizure needs proper care, the nursing care that aims to protect him from injury and the prevention of serious complications. Proper care also includes the observation of the characteristics of crises to determine the area of the brain involved.²¹

It is of the nursing team's responsibility before and during a seizure, assess the circumstances in which the crisis was triggered as visual, auditory, olfactory, tactile, emotional or psychological disorders, sleep and hyperventilation.¹⁹

Soon after experiencing a seizure when the patient is treated, initial priorities are attention to vital signs, respiratory and cardiovascular support and treatment of seizures. Life-threatening conditions such as infection of the CNS, metabolic disorders or

drug intoxication should be recognized and properly treated. When the patient does not have acute illness, the initial evaluation focuses on whether there is a history of previous seizures. If this is the first seizure the patient should then emphasize the following: define whether the episode will describe seizure or other complications paroxysmal, determine the cause of the seizure by identifying risk factors and triggering events and decide, beyond the underlying disease treatment is necessary anticonvulsant therapy.²

During the seizure, the nursing staff that is with the patient, when he presents aura help him go to bed, lift the side rails and let the bed straight (extended). If it is outside the room, throw it on the floor and put a pillow, blanket or other soft material under his head to prevent shock to the floor. Stay with the patient during the crisis and be ready to intervene if complications develop, as an obstruction of the airways. If necessary, have other nursing staff member get the proper equipment and tell the doctor.²¹

The nursing staff should stay with the patient, and be attentive to intervene if complications develop. If the patient is in the early tonic phase and according to standard hospital procedure, can be inserted into a Guedel airway in the patient's mouth so that your tongue does not block the airway. If there is not available a cannula Guedel, do not try to keep an open mouth or putting a hand inside because you may be bitten. Once the patient's jaw becomes rigid, do not try to force the cannula into because you can break the patient's teeth or cause other damage. Some clinicians advocate waiting until the end of the crisis before inserting the cannula.²¹

They must be removed from patient's reach sharp or hard objects and loosen the garments of the patient. Do not restrict the patient or their movements during the seizure, because the force of the tonic-clonic movements of the patient against the restrictions can cause muscle strain or even shift articulate. Continually assess the patient during the crisis. Note the earliest symptoms such as deviations from the head and eye, as well as the form of the crisis progress, the form taken and the duration. His description can help determine the type and cause of the seizure.²¹

Status epilepticus is defined as a prolonged seizure activity and acute occurring without recovery of consciousness between the seizures; this is an emergency medical condition, because the constant activity may decrease oxygenation of the brain and

glucose, which can produce hypoxia and death of neurons; hence the need for appropriate assistance in relation to oxygen support.²²

Nursing care during status epilepticus involves the assessment and continuous monitoring of respiratory and cardiac functions because of the risk of late depression of respiration and blood pressure secondary to the administration of anticonvulsant drugs and sedatives to stop the seizures. Evaluation of nursing also includes monitoring and recording of seizure activity and responsiveness of patients.²³

The nursing interventions also aim to collect blood for blood tests for glucose, urea, electrolytes and anticonvulsant drug levels in order to determine the metabolic abnormalities and serve as a guide for the maintenance of biochemical homeostasis. Give oxygen due to possible existence of respiratory arrest at the apex of each seizure, which can produce venous congestion and cerebral hypoxia, use mechanical ventilation when necessary. Start intravenous infusions, accessing an IV line, and keep it open to obtain a blood sample, medication delivery and infusion liquids. Should be administered intravenous anticonvulsants (lorazepam, phenytoin) slowly, to ensure serum concentrations and the actual brain tissue, administer additional anticonvulsants provided according to the medical personnel, the effects of lorazepam are short-lived, anticonvulsant levels should be monitored regularly.²⁴

The examinations have as objective prevent possible complications, blood tests for glucose are intended to identify if the patient has hypoglycemia, urea and creatinine to identify renal failure, serum electrolytes to ward hyponatremia/hypernatremia and complete blood count to identify infectious processes (eg, infection, meningitis, encephalitis).²⁵

Phenytoin is a drug used as a first choice in cases of partial epilepsy (focal) and in cases of generalized epilepsies of tonic-clonic type. It is often used in combination with other antiepileptic drugs for epilepsy *petit mal* type (absences) because the drugs used in these cases can occasionally precipitate frames type *grand mal* (tonic-clonic), although it is relatively safe and well controlled drugs, can induce a variety of adverse effects like gastric irritation after drug intake. It can also be observed after administration cerebellar dysfunction (ataxia, nystagmus and dizziness), metabolic deficiency of folic acid and vitamin B12, psychiatric disorders (depression, dementia, schizoid symptoms). In addition to

these, have clinical relevance blood disorders (leukopenia, agranulocytosis etc.).²⁶

It presents as main unwanted reactions dizziness, muscular incoordination, stomach discomfort, weight loss and rashes. However, none of these symptoms is severe, and can be overcome by temporary dose reduction or perhaps interruption of the drug over a short period.²⁷

The nursing staff that is with the patient should guide him to stay in bed for at least an hour after receiving intravenous phenytoin, assess the patient's ability to walk, review the drugs, with an emphasis on compliance, discuss safety measures the patient and/or family, including driving vehicles use engines equipment, sports participation, make appropriate referrals for medical follow-up after discharge, visiting nurse or social worker, encourage the patient to wear an identification bracelet to medical warning and to contact with the appropriate services to obtain information about seizure disorders and community support groups.²⁸

Short-term anticonvulsant medications such as diazepam or lorazepam should be administered until the client is without seizures, according to medical prescription and the long-acting, such as phenytoin and phenobarbital, phenytoin intravenously infused with saline just to avoid reaction with solutions containing glucose. The doctor may consider local anesthesia or neuromuscular blocking agent to stop the seizure activity if other anticonvulsants are unsuccessful.²²

The medication diazepam (Valium), injection can be administered to stop the status epilepticus and secondary seizures. However, Valium has little utility in the control of epilepsy in the long term. There may be respiratory failure with intravenous infusion. So there must be resuscitation equipment available.²⁷

The monitoring of vital and neurological signs should be performed on an ongoing basis. Using EEG monitoring can determine the nature and the end (after diazepam administration) of epileptic activity.²⁴

A barbiturate is phenobarbital drug widely used for treatment of almost all types of epilepsy. Both generalized epilepsies of tonic-clonic type, myoclonic and for partial epilepsies. It has a remarkable antiepileptic effect at doses that do not induce excessive sedation. But in a high therapeutic index, barbiturates, anticonvulsants in doses, can induce sedation, ataxia or dermatological disorders. They can also induce hyperactivity and irritability. Experiments in animals indicate that barbiturates administered acute

or chronic decrease learning and memory consolidation. These effects are observed in humans have important clinical implications, especially for school children.²⁶

The nursing professional has a major role to the patient with seizure, he should comfort and redirect the customer after the seizure activity, to relieve anxiety, register the drug name, the last dose and the drug regimen if client is taking anticonvulsant medications, teach the client and family all aspects of the disorder and its treatment.²²

Overall, therefore, it is necessary that the customer service team is aware of these three things: Determining the etiology, application of general measures of life support and pharmacological treatment. Nursing should keep the patient in bed with railings and side protection for avoiding falls and head trauma. During the clonic phase should insert a Guedel cannula between the teeth, preventing bites and lacerations on the tongue. It must be constantly drawn to prevent aspiration and aspiration pneumonia. Vital signs and the temperature should be closely monitored and the airways kept clear in order to ensure adequate ventilation. When necessary should proceed orotracheal intubation and oxygenation to prevent the occurrence of hypoxia.²⁹

♦ The role of nursing staff in extra-hospital monitoring

The extra-hospital monitoring is developed through primary care that is based on meeting the needs of the individual, family and community, supported by the binomial education and health, whose purpose is the pursuit of human fulfillment, as biopsychosocial and spiritual being living in perfect sync with the universe.¹⁷

According to the law of professional practice nº 7498 of June 25th, 1986; the nursing consultation is an activity that provides nurses to conditions to act directly and independently with the customer, featuring thus their professional autonomy. This activity, to be private nurses, provides information for determining the nursing diagnosis and to prepare the healthcare plan, serving as a means to document their practice.³⁰

The nursing consultation is a key opportunity to develop interpersonal relationships between the professional with the patient in daily life; still being an important time for the people with epilepsy have access to making questions that they may have regarding the disease.¹⁸

For being such a common condition, the care of patients with seizures or epilepsy is a routine situation in primary health care and emergency care services, both in Brazil and abroad.³¹ Hence the need for professional training to perform the consultation that becomes essential for extra-hospital orientation.

It describes that health professionals have a key role in assisting the person with epilepsy and guidance to their families, especially those working in primary health care to health, aiding in understanding the disease and its interfaces. In this context, the professional nurse acting in the Family Health Strategy (FHS) is presented as important caregiver of the person with epilepsy, which, among its routine actions, there is the health education, nursing consultation and the home visit.¹⁸

Two important facts must be fought with respect to epilepsy: one is the misinformation of the general population and the other is the lack of knowledge of medical professionals, although being not neurologists, often attend these patients.³²

Society has several inappropriate attitudes, including the own families. Among these attitudes the author says that parents often become overprotective, adopting restrictive attitudes to social life since childhood, forbidding him to participate in collective activities, among which the own school attendance.¹⁸ The nurse should be aware of these attitudes and look to talk to parents about their insecurities.

The form of perception of family members about epilepsy is an important factor in family adjustment. Family behaviors such as overprotection or limitations imposed on daily life activities of the patient indicate difficulties in family adjustment to epilepsy.³³ It is known that nurses' attention is needed for such difficulties.

Outline as examples some steps that should be taken when parents would notice any symptoms in their child. The assistance measures would be: put the child in a place where it cannot turn around, turn its head to the side, put something soft between its teeth, to prevent biting the tongue, emphasizing him that will not happen anything serious during the crisis. The parents of epileptic children attending regular school must notify teachers of their condition, including whether they are under anticonvulsant medication.³⁴

At school age to a high incidence of epilepsy, it increases the demands for attention and care about the care of children

in their basic needs for physical, emotional and social nature, such as: sleep, rest, oxygen, physical activities, learning (education and health), leisure, self-realization, self-esteem.³⁴ Note the need for trained nurses to train teachers, give lectures in schools to answer questions, especially how to act when the head of a seizure.

Without proper treatment, epilepsy brings a social and economic burden on society in general, because the person is unproductive without work and family care. In addition, there are psychological factors resulting from this situation, which promote social exclusion and lower the person's quality of life. This condition should be known not only by health professionals, patients and families, but also for the whole population, the media (in all its dimensions) and by the authorities.⁽³¹⁾ It is important that assistance be discussed with relatives and, if necessary, refers patients and families to social worker.

To perform the treatment of idiopathic generalized epilepsies one of the main points in the guidelines is to the patient, especially on triggers of crises. Thus, it is the nurse, emphasizing the need for the patient at home to avoid sleep deprivation, adhere to treatment and make correct use of medicines.³⁵

For Epilepsy management program to be effective and efficient are needed a referral network and counter-referral (ie a joint primary care health with secondary and tertiary referral centers), the continuous distribution of antiepileptic drugs, which include not only medical treatment but also consider the need for psychological support and social inclusion of people with epilepsy.⁷ Therefore nurses should be involved in this whole process.

It is extremely important to follow the nurse to the patient and family because this professional is the one who guides how to proceed at the time of crisis, on the types of crisis which the patient may have, explains about the use of medications, performs continuing education, among other activities.

Nursing operates in health care of patients and monitoring and motivating their adherence to treatment, the frequency to inquiries, as well as providing information to patients about the possibility car driving, on abstaining from alcohol and participation in mutual help groups.³⁶

♦ Guidelines for care during the crisis in extra-hospital environment for families

The nursing professional is closer to patients and families, with that same, can pass knowledge and answer questions that

Santos AC dos, Moura DA, Sailer GC et al.

Reflection about the role of nursing to the...

often family has about what to do at the time of crisis.

Nursing has evolved in the levels of scientific knowledge, training, technology and philosophy, reflected from the capacity and ability to mobilize a set of knowledge to solve effectively a number of specific and general situations in the implementation of care to the individual, the family and the community.³⁷

Hence the need for this development to happen when it comes to epilepsy, it is necessary that the nursing professional is close to that patient, family and community by developing information and knowledge.

It describes that human interaction is a very important factor, especially in childhood, when the adult is the model to follow, is instrumental in the acquisition of knowledge, including in the health field. It is for health professionals to provide technical support to promote such knowledge.³⁸

Many of the seizures take place within the same family environment, it is important that family members have a staging of what can and what cannot be done in time of crisis.

The first aid to be made to a person with crisis are preventing it from falling on the floor of sudden way, so pour it carefully, to avoid head injury, remove loose dentures (bridges, dentures) and any debris; remove any object that the victim may get hurt and get him away from local and potentially hazardous environments such as: stairs, glass doors, windows, fire, electricity, machines in operation, loosen clothing neck and waist.³⁹ It is important that the family has all this information and therefore it is essential the role of nurses in health education in this context.

On the other hand, if the patient develops vomiting should put it in the lateral position and perform maneuvers to avoid aspiration (as slap on the back, raise his arms and others).⁴⁰

But some authors have some disagreement regarding the introduction or not anything by mouth. Some report that one should try to introduce a cloth or sheet rolled between his teeth to avoid biting the tongue, protecting his mouth,³⁹ but other authors argue that one should not introduce anything by mouth, avoid holding the tongue with spoon or other object (therefore there is no danger of the patient swallowing his own tongue).⁴¹

With the cessation of the crisis it is normal to drowsiness, headache and mental confusion. This condition is called post-ictal, can last from one to two hours. During this period, avoid giving food or water to the

person because movements can still be uncoordinated at the end of the crisis seek medical service if necessary.⁴²

Some measures should not be undertaken at the time of the crisis and not to try to get the patient back to you, throwing water or forcing him to take it, do not grab in an attempt to keep him quiet, not run counter to his movements only protect him from injury, stay by his side until the breathing returns to normal and he rises.⁴¹ It is very important that the family becomes informed about the conduct that should be taken in a crisis, so as to avoid possible injuries and further damage.

On the above, it is evident that the nurse has a very important role as it relates to family counseling because family having witnessed or not its family member in crisis, it needs instructions to know what to do and how to act upon crisis, always being careful to avoid pain and injury. Nurses should guide the family clearly and directly, so that the family understands easily leaving no doubt, welcoming family and becoming more confident.

CONCLUSION

We conclude that the role of nursing to the patient with epilepsy in intra and extra-hospital care needs many improvements and knowledge so that the patient can receive the best possible care during the crisis.

This work is noticed that often the nursing staff is unprepared to intervene properly when the crisis. It is evident in the articles that one of the main goals of nursing care is to prevent the patient from suffering injuries and ceases as soon as possible the crisis.

To play quality care is relevant to the nursing professional get scientific knowledge so that can identify the type of crisis for which the client is going, so he can intervene properly.

At the moment of the crisis the nursing staff's role is to perform visual, auditory, olfactory, tactile stimuli, and psychological, sleep disorders and hyperventilation, and administer medications as prescription. Professionals should be the patient's side to be able to intervene in case of any complications. Knowledge and experience can make a difference in attendance.

The dissemination of knowledge about epilepsy and what to do in the time of crisis is of great importance, as well as patients and families know what they should pay for assistance, society must also be informed about the care for the patient who is having a crisis.

The nurse must make home visits through the FHS, to know how the families whose member is a person with epilepsy live at home, explain how it should be routine and how to behave at the moment of a crisis, who often is withdrawn from society, by the family to be afraid of fear from society.

It is necessary for the nurse to acquire new knowledge about epilepsy, research more about the disorder, and deepen his knowledge. It would be interesting that the government encouraged the nurses to get more knowledge on the subject. Nurses should transmit what they know about the disorder in places where crises are more common, such as in schools, where many teachers, staff and students have many questions about it, or do not know anything about it, through lectures, symposia or even activities that show how to act in time of crisis, avoiding uproar among the people present, and mainly reduce damage to the person who is going through the crisis.

The nurse should conduct continuing education through lecture, home visits, in order to clarify the doubts that people have about epilepsy, teaching how to act when facing a crisis, how to help those who are suffering an epileptic crisis, what should be done to reduce the harm that may happen during the crisis.

It is realized that studies on the role of nursing of patients with epilepsy are scarce, which is a neurological disorder that affects many people at different ages. It is necessary to carry out more studies on the role of nursing before the crisis, thus ensuring better care to the patient and his family.

REFERENCES

1. Ferrari CMM. Adesão ao tratamento e qualidade de vida de indivíduos com epilepsia em tratamento ambulatorial. São Paulo Tese (Doutorado) Escola de enfermagem da Universidade de São Paulo [Internet]. 2011 [cited 2014 Apr 23]. Available from: file:///C:/Users/Seven/Downloads/Tese_Carla.pdf
2. Lowenstein DH. Convulsões e epilepsia. In: Braunwald E et al. Harrison medicina interna. 15 th ed. Rio de Janeiro; 2002.
3. Silva FS, Freitas CASL, E Vasconcelos DP, Da Silva RCC, Nogueira DL, BRITO MCC. Situational context of women carriers of epilepsy. J Nurs UFPE on line [Internet] 2011 [cited 2014 Dec 08]. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/1632> DOI: 10.5205/01012007/Qualis B 2.
4. Li, LM et al. Manejo da epilepsia na rede básica de saúde no Brasil: os profissionais estão preparados?. Rev Panam Salud Publica [Internet]. 2005 Nov [cited 2014 Aug 11];18(4/5):296-302. Available from: http://www.scielo.org/scielo.php?script=sci_arttext&pid=S1020-49892005000900010&lng=en&nrm=iso
5. Ferreira ABH. Mini-aurélio: o dicionário da língua portuguesa. 6th ed. Curitiba: Positivo; 2005.
6. Guilhoto, LMFF, Muszkat RS, Yacubian EMT. Consenso terminológico da associação brasileira de epilepsia.J. epilepsy clin. Neurophysiol [Internet]. 2006 Sept [cited 2014 July 02]; 12 (3):175-177. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1676-26492006000500011&lng=en&nrm=iso
7. Fernandes PT, Li LM. Percepção de estigma na epilepsia.J epilepsy clin Neurophysiol [Internet]. 2006 Dec [cited 2014 June 06]; 12(4):207-218. Available from: <http://www.scielo.br/pdf/jecn/v12n4/a05v12n4.pdf>
8. Maranhao MVM, Gomes EA, Carvalho PE. Epilepsia e anestesia. Rev Bras Anesthesiol. [Internet]. 2011 Apr [cited 2014 June 06];61(2):232-254. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-70942011000200013&lng=en&nrm=iso
9. Bazil CW, Morrell MJ, Pedley TA. Epilepsia. In: Merrill, tratado de neurologia. 11th ed. Guanabara Koogan; 2007.
10. Appleton RE, Chappell B, Beirne M. Tudo sobre Epilepsia. São Paulo: Andrei; 2000.
11. Tedrus GMA, Fonseca LC. Epilepsia e espiritualidade/religiosidade. Rev Ciênc Méd [Internet] 2010 Jan/Dec [cited 2014 Feb 21];19(6):81-89. Available from: <http://periodicos.puccampinas.edu.br/seer/index.php/cienciasmedicas/article/view/832/812>
12. Lima JML. Epilepsia- a abordagem clínica. Rev Port Clin Geral [Internet]. 2005 [cited 2014 Feb 10]; 21(3): 291-98. Available from: http://epilepsia.lvengine.net/lmgs/epilepsia--a-abordagem-clinica_rpcg-2005.pdf
13. Cruz DM. Um “olhar” da Enfermagem sobre os pacientes com Epilepsia. Trabalho de conclusão de curso (Graduação) [Internet]. 2007 July [cited 2014 Aug 06]. Available from: http://biblioteca.unilasalle.edu.br/docs_online/tcc/graduacao/enfermagem/2007/dmcruz.pdf
14. Fernandes MS. Epilepsia do lobo temporal: mecanismos e perspectivas. Estud av [Internet] 2013 [cited 2014 Jan 21];27(77):[about 5 p.]. Available from:

<http://www.scielo.br/pdf/ea/v27n77/v27n77a07.pdf>

15. Vilabor RA, Paranhos WY. Emergências neurológicas: como, convulsão e hipertensão intracraniana. In: Calil AM, Paranhos WY. O enfermeiro e as situações de emergência. São Paulo: Atheneu; 2007.

16. Ferrari CMM. Adesão ao tratamento e qualidade de vida de indivíduos com epilepsia em tratamento ambulatorial. 2011. Tese (Doutorado)- Escola de Enfermagem da Universidade de São Paulo. Available from: file:///C:/Users/Seven/Downloads/Tese_Carla.pdf

17. Sanchez S, Sá CMD. A enfermagem na assistência ao indivíduo e à comunidade. In: Enfermagem básica. Rio de Janeiro: Ed. De Publicações Médicas; 1993.

18. Barbosa SP, Oliveira AD. A epilepsia na estratégia e saúde da família: a assistência sob a ótica do paciente. R. Enferm. Cent. O. Min. [Internet]. 2012 Sept/Dec [cited 2014 Feb 14]; 2(3):369-375. Available from: <http://seer.ufsj.edu.br/index.php/recom/article/view/229/351>.

19. Lima CC, Poles K, Marques SM. Cuidados de enfermagem a crianças em crises convulsivas. 2011; 33(3):143-50. Available from:

<http://www.pediatricsaopaulo.usp.br/upload/pdf/1389.pdf>

20. Magalhães LVB, Li PTF, Li M. Como ensinar epilepsia na graduação médica? Uma proposta da Comissão de Ensino da LBE para a educação médica via web. J. epilepsy clin. neurophysiol. [Internet]. 2014 [cited 2014 Aug 30];20(1):94-106. Available from: <http://www.jecn.org/joomla/images/pdfs/02VL20.pdf>

21. Friedman DB. O cuidado neurológico. In: Schull, PD. Enfermagem básica: teoria & prática. 2 th ed. São Paulo: Rideel; 2003.

22. Huddleston SS, Ferguson SG. Distúrbios neurológicos. In: Emergências clínicas: abordagens, intervenções e auto-avaliação. Rio de Janeiro: Guanabara Koogan; 2006.

23. Smeltzer SC, Bare BG. Histórico da função neurológica. In: Brunner & Suddarth: tratado de enfermagem médico-cirúrgica. 2nd ed. Rio de Janeiro: Guanabara Koogan; 2005.

24. Nettina SM. Saúde neurológica sensorial. In: Prática de enfermagem. 7th ed. Rio de Janeiro: Guanabara Koogan; 2003.

25. Siegel K. Neurologia: convulsões tônico-clônicas generalizadas. In: Ferri FF. Manual médico. 1° th ed. Rio de Janeiro: Copyright; 1987.

26. Delucia R. Antiepilepticos. In: Delucia R et al. Farmacologia integrada. 3th ed. Rio de Janeiro: Revinter; 2007.

27. Asperheim MK. Medicamentos que atuam no sistema nervoso central. In: Farmacologia para a enfermagem. 9° th ed. Rio de Janeiro: Guanabara Koogan; 2004.

28. Rogers JH, Osborn HH, Pousada L. Emergências neurológicas. In: Enfermagem de emergência um manual prático. Porto Alegre: Artes Médicas; 1992.

29. Garzon E. Estado de mal epilético. J. epilepsy clin. neurophysiol [Internet]. 2008 Nov [cited 2014 May 20]; 14(Suppl 2):7-11. Available from:

[http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1676-](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1676-26492008000600002&lng=en&nrm=iso)

[26492008000600002&lng=en&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1676-26492008000600002&lng=en&nrm=iso)

30. Fernandes AMO, Silva AK. Consulta de enfermagem In: Manual do estagiário em enfermagem. 2° th ed. Goiânia: AB; 2009.

31. Magalhaes LVB, Fernandes PT, Li LM. Aspectos educacionais na epilepsia. J. epilepsy clin. neurophysiol [Internet]. 2009 Dec [cited 2014 Aug 07];15(4):172-177. Available from:

[http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1676-](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1676-26492009000400007&lng=en&nrm=iso)

[26492009000400007&lng=en&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1676-26492009000400007&lng=en&nrm=iso)

32. Simonatto D et al. Epilepsia e educação pública. Arq Neuro-Psiquiat [Internet]. 1992 Sept [cited 2014 June 18];50(3):309-312. Available from:

[http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0004-](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0004-282X1992000300008&lng=en&nrm=iso)

[282X1992000300008&lng=en&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0004-282X1992000300008&lng=en&nrm=iso)

33. Alonso NB et al. Suporte familiar nas epilepsias. J. epilepsy clin. neurophysiol [Internet]. 2010 [cited 2014 June 20];16(4):170-173. Available from:

[http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1676-](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1676-26492010000400010&lng=en&nrm=iso)

[26492010000400010&lng=en&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1676-26492010000400010&lng=en&nrm=iso)

34. Rosa MLR. Obstáculos percebidos por pais e professores no atendimento das necessidades de crianças com epilepsia. Rev. latino-am. enfermagem [Internet]. 1997 May [cited 2014 June 20]; 5(spe):37-44. Available from:

[http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11691997000500005&lng=en&nrm=iso)

[11691997000500005&lng=en&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11691997000500005&lng=en&nrm=iso)

35. Betting LE, Guerreiro CAM. Tratamento das epilepsias generalizadas idiopáticas. J. epilepsy clin. neurophysiol [Internet]. 2008 Nov [cited 2014 July 06];14(Suppl 2):20-24. Available from:

[http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1676-](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1676-26492008000600004&lng=en&nrm=iso)

[26492008000600004&lng=en&nrm=iso](http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1676-26492008000600004&lng=en&nrm=iso)

36. Kede J, Muller VT, Gomes MM. Atenção primária à saúde e epilepsia: revisão de literatura. J. epilepsy clin. neurophysiol [Internet]. 2008 Dec [cited 2014 Aug

Santos AC dos, Moura DA, Sailer GC et al.

Reflection about the role of nursing to the...

- 25];14(4):177-183. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1676-26492008000400007&lng=en&nrm=iso
37. Santos SMJ dos, Pinheiro AKB, Araújo TL de et al. Competências de enfermeiros em urgências e emergências pré-hospitalares: revisão integrativa. J Nurse UFPE on line [Internet]. 2013 Nov [cited 2014 Dec 08]; 7(11):6515-23. Available from: <http://www.revista.ufpe.br/revistaenfermage/index.php/revista/article/view/3171>
38. Guilhoto LMFF et al. Ação educativa de professores de ensino fundamental sobre epilepsia na periferia do município de São Paulo: união de extremos especialistas e educadores. J. epilepsy clin. neurophysiol [Internet]. 2007 Sept [cited 2014 Sept 16];13(3):143-147. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1676-26492007000300010&lng=en&nrm=iso
39. Brasil MS. Emergências clínicas. In: Manual de primeiros socorros. Rio de Janeiro: Fundação Oswaldo Cruz; 2003. Available from: <http://www.fiocruz.br/biosseguranca/Bis/manuais/biosseguranca/manualdeprimeirosocorros.pdf>
40. Lopes DS. Emergências médicas na atividade endodôntica. Monografia-ICS-FUNORT/SOEBRÁS NÚCLEO ALFENAS [Internet]. 2011 [cited 2014 Aug 02]. Available from: http://www.cursospos.com.br/arquivos_biblioteca/9c6daf389864ddf0bddedae19045a2cc8b8b3208.pdf
41. Porclides AJ et al. Manual de atendimento pré-hospitalar do corpo de bombeiros do Paraná [Internet]. 2006 Aug [cited 2014 Sept 14]. Available from: http://www.florencepalmares.com/index/v2/material/Manual_de_Atendimento_Pre-Hospitalar.pdf
42. Hospital Albert Einstein Sociedade Beneficente Israelita Brasileira. Como agir diante de uma crise convulsiva. [Internet]. 2012 Aug [cited 2014 Sept 14]. Available from: <http://www.einstein.br/einstein-saude/pagina-einstein/Paginas/como-agir-diante-de-uma-crise-convulsiva.aspx>

Submission: 2014/03/04

Accepted: 2015/04/15

Publishing: 2015/05/15

Corresponding Address

Vivian Aline Preto
Rua Lavínia, 56
Bairro Novo Umuarama
CEP 16011-200 – Araçatuba (SP), Brazil