Mob chua leeg (Hmong)

Mob chua leeg yog dab tsi?

Ib qho chua leeg yog ib qho hluav taws xob cuam tshuam hauv lub hlwb. Thaum chua leeg lub cev kuj yuav nchos, ntswj, los log txhav, thiaib yuav muaj qhov hlooov ua rau tsis hnoov. Nyob hauv ntau zaus, chua leeg nws yuav tsun nws mus, ua ntev li ob peb seconds txog rau ib feeb.

Tom qab ntawm qee hom chua leeg, tus menyuam yuav muaj tej qhov meej pem, feeb tsis meej, thiaib nkees mus li 30 feeb rau li ib teev. Qhov no hu ua “pos-ital phase.”

Nws muaj ntau yam kev chua leeg, muab faib cais raws ntawm thaj tsam ntawm lub hlwb lawv tshwm muaj nrog. Chua leeg yuav muaj yog li ib feem (hauv nrub nrog hauv lub hlwb) los yog thoob plaws (muaj tag nro hauv lub hlwb). Saib daim phiaj qhia nyob nplooj ntawv nraum kawg.

Lo lus qaug dab peg “epilepsy” feem ntau ua rau to taub yuam kev. Qaug dab peg txhais lub ntsiaib tias rov muaj chua leeg dua uas tsis yog ua los ntawm kev ua npaws. Lo lus qaug dab peg nws tsis txuas mus tshuam txog kev xav los yog lub cev tej kev ua hauj lwm.

Tej qhov kev chua leeg ua mus ntev thiab yuav tsis tu yog tsis muab tshuaj kho. Yeeb yam ntawm kev chua leeg yog ib lub npe rau ib qho chua leeg ua ntev tshaj li 20 feeb, los sis rov ua tuaj ntxiv yam tus neeg tsis tau xeev rov los ib ntu nrub nrab ntawd li.

Seizures (English)

What is a seizure?

A seizure is an electrical disturbance in the brain. During a seizure the body may jerk, twitch, or stiffen, and there may be a change in consciousness. In most cases, seizures will stop on their own, lasting a few seconds to about a minute.

After some types of seizures, the child may be semiconscious, confused, and lethargic (very tired) for 30 minutes to an hour. This is called the “post-ictal phase.”

There are different types of seizures, classified by the areas of the brain they involve. Seizures may be either partial (localized to one area of the brain) or generalized (involving the whole brain). See the chart on the last page.

The term “epilepsy” is often misunderstood. Epilepsy simply means recurrent seizures that are not caused by a fever. The word epilepsy does not imply anything about mental or physical function.

Some seizures are prolonged and do not stop without medicine. Status epilepticus is a name for a seizure that lasts longer than 20 minutes, or recurrent seizures without regaining consciousness in between.
**Kuv yuav pom dab tsi nyob hauv tsev khomob?**

Ib qho kev txhom electroencephalogram (EEG) yuav tsum tau uk kom tiav los mus ntsuas cov hluav taws xob khiav raws saum lub hlwb. Ib qho yees duab saum taub hau, xws li CT los yog MRI, kuj yuav tau ua kom tiav los mus tshawb xyuav rau seb puas muaj ib qho hlwb caws pliav. Ntshaw thiab zis los yuav tsum tau tso coj mus ntsuam xyuav huv tib si.

Cov tshuaj tiv thaiv mob chua leeg muab tau rau raws leeg los yog noj ntawm qhov ncauj. Yuav tau tsum tso ntsuam xyuas kom paub meej tias tus menyuam tau cov tshuaj tab tom txaus nkaus.

Cov neeg tu mob yuav saib xyuas koj tus menyuam kom zoom raws ntawm nws tej kev hnove xeev, phov ua si, muaj zog, fwj tau lub cev, tus kub, leeg ntoj, ua pa, thiab ntshaw khiav muaj zog. Yuav tau siv ib lub tshuab monitor los mus saib xyuas tej kev hlooov txawv.

**Kuv yuav tu kuv tus menyuam li cas?**

Nws tseem ceeb heev uas muab cov tshuaj tiv thaiv mob chua leeg kom raws nraim li tus kws khomob tau hais tseg.

Feem ntau cov mob chua leeg cov tshuaj yuav tswj tau thiab koj tus menyuam yuav nyob tau lub neej li ib txwm yam tsis muaj kev txwv txiav. Kom txog ntua tham tus mob chua leeg tau muab tswj tsis muaj lawm, yuav tsi cia koj tus menyuam ua si tej yam uas yuav rawg mob lub sij hawm muaj chua leeg tuaj.

Zam tej kev ua si xws li:

- nce rau chaw siab
- mus ua luam dej
- da dej hauv dab dej tsi muaj neeg saib

**What can I expect in the hospital?**

An electroencephalogram (EEG) is done to measure the electrical activity of the brain. An imaging study of the head, such as a CT or MRI, may also be done to check for the presence of a brain lesion. Blood and urine tests may also be needed.

Anti-seizure medicines may be given either in the vein (IV) or by mouth. Blood tests will be done to make sure the child is getting the right amount of medicine.

The nurses will closely watch your child’s level of consciousness, activity, strength, coordination, temperature, pulse, breathing rate, and blood pressure. A monitor may be used to watch for any changes.

**How can I care for my child?**

It is important to give the anti-seizure medicines exactly as prescribed by the doctor.

Most seizures can be fully controlled by medicine and your child should be able to lead a normal life without restrictions. Until it is determined whether complete seizure control can be obtained, your child should not do activities that might result in injury during a seizure.

Avoid activities such as:

- climbing onto high places
- swimming
- bathing unattended
Kuv yuav tsum ua li cas thaum muaj chua leeg?

1. Nyob tsis txhob ntshai
2. Tso koj tus menyuam pw ua ntsais nrog rau tej khoom muag muag los tiag hauv qab taub hau.
3. Tsis txhob txwv (muab tuav, puag, los kawm ruaj ruaj) koj tus menyuam los yog muab khoom tso rau hauv qhov ncauj
4. Saib moo los ntsuas sij hawm ntawm qhov ntev uas chua leeg
5. Ntsia tej kev txav mus los ntawm caj npab, ceg, los yog qhov muag; tej zaa koj tus kws khomob yuav xav paub tej no.
6. Saib qhov ua pa.

Thaum twg thiaj tsim nyog kuv hu rau kws khomob?

- chua leeg muaj tuaj tsis tseg
- chua leeg zoo txawv
- tsis kam noj tshuaj
- ntuav tshuaj tawm los
- qaug tshuaj kawg kiag li
- nyob tsis ruaj li

Hu 911 yog:

- chua leeg ntev dua li 5 feeb
- rov chua leeg tsis tseg li tsis muaj qhov hnov rov los li
- tej yam hloov txawv li tawv nqaj xiav los yog xiav dub neig ntawm qhov ncauj thaum sij hawm los yog tom qab chua leeg (yog tias tej no tsis yog yam ib txwm muaj rau koj tus menyuam)
- tsis ua pa ntev dua li 30 rau 60 seconds

What should I do during a seizure?

1. Stay calm.
2. Lay your child on his or her side with something soft under the head.
3. Do not restrain your child or put anything in the mouth.
4. Check a clock to time the length of the seizure.
5. Watch for any arm, leg, or eye movement; your doctor may want to know this.
6. Watch the breathing.

When should I call the doctor?

- seizures occurring more often
- seizures look different
- refusing to take medicine
- vomiting medicine
- extremely drowsy
- unsteady

Call 911 if:

- seizure is longer than 5 minutes
- repeated seizures without regaining consciousness
- any color changes such as blue or purple color around the mouth during or after the seizure (if this is not normal for your child)
- not breathing for more than 30 to 60 seconds
What else do I need to know?

Some people have an aura (sensation or feeling) before a seizure. Sensations may include:
- buzzing in the ear
- dizziness
- a strong emotion
- lights
- other sensations

If a particular sensation occurs before each seizure, this can be used as an early warning to seek a safe place for protection during the seizure.

The presence of seizures does not make your child fragile. Treat and discipline your child normally. Tell the school nurse about your child’s seizures and medicine.

Support groups may be available in your area. Ask your doctor for their names and numbers.

You may want to consider having your child wear a medical identification band. You can buy one at a pharmacy.

Questions?

This sheet is not specific to your child but provides general information. For more information, a good resource is www.epilepsyfoundation.org. If you have any questions, please call the doctor.
# Yam chua leeg sib faib cais qhia

(Hmong)

<table>
<thead>
<tr>
<th>Qhov chaw mob saum taub hau</th>
<th>Txhua nrho (tag nro lub hlwb)</th>
<th>Ib cag (nurab nrog)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hom chua leeg</td>
<td>Tonic-clonic</td>
<td>Nyuab heev</td>
</tr>
<tr>
<td>Yav tag los tau paub raws li</td>
<td>Grand mal</td>
<td>Psychomotor-temporal lobe</td>
</tr>
<tr>
<td>Saib xyuas raws li tus yeeb yam</td>
<td>• raug tag nrho lub cev</td>
<td>• lem qhov muag</td>
</tr>
<tr>
<td></td>
<td>• lub cev ntog, txhav, thiab nchos</td>
<td>• txiav muag</td>
</tr>
<tr>
<td></td>
<td>• tsis muaj qhov xeev</td>
<td>• qhov muag ntxeev</td>
</tr>
<tr>
<td></td>
<td>• quaj tawm, tom nplaig, daj, los yog tsis ua pa</td>
<td>• zawm di ncauj</td>
</tr>
<tr>
<td></td>
<td>• tso zis tso quav</td>
<td>• nriaj tes</td>
</tr>
<tr>
<td></td>
<td>• nkees thiab feeb tsis meej</td>
<td>• yog hom tshwm rau menyam yaus heev tshaj</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• tig hloov txawv qhov kev xeev: tus neeg yuav muaj qhov tsis meej pem, qaug ywj fab ywj fwj, qaug chaw, vwm hais lus dab plos</td>
</tr>
<tr>
<td>Lwm yam xov</td>
<td>• ntev li 1 rau 3 feeb</td>
<td>• ib txwm ua ntev li 1 los 2 feeb</td>
</tr>
<tr>
<td></td>
<td>• ua ntev li ob peb seconds</td>
<td>• tus neeg yuav nti heev yog muab nws zoj lawm</td>
</tr>
<tr>
<td></td>
<td>• pheej xav zoo li ua npau suav nruab hnub</td>
<td></td>
</tr>
</tbody>
</table>
## Seizure classification guide

(English)

<table>
<thead>
<tr>
<th>Area of brain affected</th>
<th>Generalized (whole brain)</th>
<th>Partial (localized)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seizure type</td>
<td>Tonic-clonic</td>
<td>Absence</td>
</tr>
<tr>
<td>Formerly known as</td>
<td>Grand mal</td>
<td>Petit mal</td>
</tr>
<tr>
<td>Identifying characteristics</td>
<td>• affects entire body</td>
<td>• staring</td>
</tr>
<tr>
<td></td>
<td>• body falls, stiffens, and jerks</td>
<td>• eye blinking</td>
</tr>
<tr>
<td></td>
<td>• loss of consciousness</td>
<td>• eye twitching</td>
</tr>
<tr>
<td></td>
<td>• may cry out, bite tongue, turn pale, or stop breathing</td>
<td>• lip smacking</td>
</tr>
<tr>
<td></td>
<td>• loss of bladder and bowel control</td>
<td>• purposeless activity or repetitive motions such as fidgeting with clothing</td>
</tr>
<tr>
<td></td>
<td>• fatigue and confusion afterwards</td>
<td>• person is conscious</td>
</tr>
<tr>
<td>Other information</td>
<td>• lasts 1 to 3 minutes</td>
<td>• lasts a few seconds</td>
</tr>
<tr>
<td></td>
<td>• often thought of as daydreaming</td>
<td>• person may struggle if restrained</td>
</tr>
</tbody>
</table>