

SEIGE  
Support Epilepsy In Guiding Epileptics  
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To whom it may concern,

My name is Deborah O’Gorman. I had Epilepsy recur back in my life at the age of 30, so I started a Support Group for the people with Epilepsy and the families. This has been going on 25 yrs ago., since then a lot has happened. I was the first to get the VNS in Ky, in 1995. Had brain surgery in 2018.

There are over 200,000 people in Ky alone with Epilepsy, 9 of my members have died from their seizures. This hurts me so much. Epilepsy is the Oldest illness known to man and society at a stand still on growing and accepting training or helping us getting their eyes open. With more than 40 types of seizures you would think they would be more alert of what a seizure is and what can bring them on. There are so many ways to fight seizures : medicine, VNS (Vagus Nerve Stimulators) and Neuropace.

With our Support Group we have gotten laws passed about epilepsy and more people that deal with the public trained how to handle a seizure. We need your help on ideas for the bridges to grow more for communication with the public for awareness. Our illness history goes back to the Bible but still in today’s time, famous athletes and stars have it. So many triggers: caffeine , cigarettes , liquors and many more.

When you have questions, call us on anything: seizure types, service dogs, medicines, Ky benefits, employer relations, family/landlord relations, applying for disability , so much more ....just CALL! We Love helping our brothers and sisters!

SEIGE welcomes hearing from you and most of WORKING with you!

thank you

Deborah O’Gorman  
President/ Founder  
Support Epilepsy In Guiding Epileptics



# SEIZURE CLASSIFICATION

## Identifying Epileptic Seizures

### Generalized Tonic Clonic (*Grand Mal*)

- Sudden cry, fall
- Body stiffens, followed by jerking movements
- Shallow or temporarily suspended breathing
- Possible loss of bladder or bowel control
- Seizure may be followed by confusion and/or sleepiness
- Full consciousness returns in a few minutes
- Prolonged seizure requires medical attention

### Absence (*Petit Mal*)

- Blank stare lasting only a few seconds
- Brief loss of awareness
- May be accompanied by movements such as blinking, chewing, or head turning
- Full awareness returns promptly
- May result in learning difficulties if not recognized and treated

### Complex Partial (*Psychomotor or Temporal lobe*)

- Trance-like stare, unaware of surroundings
- Random activities such as pulling at clothing, picking up objects, chewing, or moving an arm
- Uncontrollable movements usually follow set pattern for each patient
- May run, appear afraid
- May struggle at restraint
- Seizure lasts only a few minutes
- Post-seizure confusion and irritability may last substantially longer
- No memory of seizure

### Simple Partial

- No loss of consciousness
- Uncontrolled movements may begin in any part of body
- Movements may spread to other areas of body
- May become a convulsive seizure
- Distorted sensations: hissing, buzzing, ringing sounds; unpleasant tastes and smells; visual disturbances; sudden nausea, sweating, flushing, or paleness
- Deja vu, out of body experience
- Uncontrollable laughing or crying

### Atonic Seizures (*Drop Attacks*)

- Sudden collapse
- Loss of consciousness for 10 to 60 seconds
- Full consciousness returns promptly

### Myoclonic Seizures

- Sudden brief, massive muscle jerks
- Can involve parts of body or entire body
- May cause spills or falls

### Infantile Spasms

- Onset between 3 months and two years of age
- Clusters of quick, sudden movements
- If seated, head will fall forward, arms will flex forward
- If supine, knees draw up, arms and head flex forward as if reaching for support

Adapted from Seizure Recognition and First Aid.

# First Aid FOR Seizures



Staring and  
Unresponsiveness



Confusion



Jerks and  
Twitches



Wandering



Shaking or  
Falling



Picking or  
Lip Smacking

Learn to recognize common symptoms of seizures:

- staring and unresponsiveness
- confusion
- jerks and twitches
- wandering
- shaking or falling
- picking or lip smacking
- whole-body convulsions (grand mal seizure)

First aid steps: Non-convulsive seizures

- **watch** the person carefully to recognize the seizure
- **speak** quietly and calmly to the person
- **explain** to others what is happening
- **guide** the person gently to a safe area away from any danger such as water, machinery or fire
- **don't restrain** the person or try to stop the movements
- **stay** with the person until he or she regains complete consciousness

Additional first aid steps: Grand mal (convulsive) seizure

- **time** the seizure
- **look** for an "Epilepsy" or "Seizure Disorders" bracelet
- **place** the person on his or her side, away from hazardous objects
- **don't put** anything in the person's mouth
- **remove** eyeglasses and any tight objects around the person's neck
- **call 9-1-1** if the seizure lasts more than five minutes or results in injury
- **stay** with the person until help arrives

Learn more:

For more information on epilepsy and epilepsy treatment options, visit [clevelandclinic.org/epilepsy](http://clevelandclinic.org/epilepsy) or call 216.636.5860.



Cleveland Clinic Children's



1on1health.

In people with epilepsy, seizures can be set off by a variety of things called "triggers." These triggers vary from person to person.

**Some common seizure triggers include:**

- Skipped antiseizure medicine
- Illness (such as a cold, infection, or high fever)
- Low or high blood sugar
- Hormonal changes
- Physical or emotional stress
- Lack of sleep
- Flashing bright lights
- Drinking too much alcohol or caffeine
- Non-prescription medicines, medicines for other health conditions, supplements, or herbal remedies
- Use of illegal drugs
- Poor eating habits or certain foods
- Smoking cigarettes

Many people discover their seizure triggers with time. The **Seizure Tracker** on pages 6 and 7 can help you track your seizure patterns and help identify your triggers.

Epilepsy can be a lifelong illness. The good news is that most people can manage their seizures with treatment and by avoiding their personal triggers.

Get more at [www.1on1health.com](http://www.1on1health.com)

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In reply refer to: 0438190069  
June 09, 2015 LTR 4168C 0  
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SUPPORT EPILEPSY IN GUIDING  
EPILEPTICS

SEIGE

433 S 2ND ST UNIT 308  
LOUISVILLE KY 40202-1468



028406

Employer Identification Number: 47-1343637  
Person to Contact: Exempt Organization  
Toll-Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your May 20, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in April 2015.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

We have confirmed that you were erroneously put on the Auto-Revocation List. You may disregard the CP 120A notice we previously sent. You will be removed from the Auto-Revocation List in approximately one to two weeks. If you were previously listed in Publication 78 and removed because of the error, you will be relisted on the next regular update.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

