# CASE STUDIES

**Case 1**: An 11-year-old girl is flagged for "daydreaming" at the end of 5th grade. The school nurse witnesses a 10-second staring spell with total unresponsiveness. Suspecting CAE, the nurse coordinates a pediatric eval. Office hyperventilation provokes an immediate event, slashing her neurology wait from 6 months to 1 week.

**Case 2**: A 7-year-old boy with diagnosed ADHD sees his "zoning out" worsen despite stimulant adjustments. The school nurse triggers a re-evaluation. Office hyperventilation confirms CAE, identifying a hidden seizure disorder rather than an ADHD medication failure.

**Don't let a hidden seizure disorder look like a behavioral failure**. Scan the **QR code** or email t**oolkit@eyszlab.com** to receive your printable ADHD/CAE Health Room Resource Pack.

## CAE RED FLAGS

Demographics: Developmentally Normal children ages 4-12, Peak: 6-7 years old , Girls > Boys

## ABSENCE SEIZURES SYMPTOMS

[ ] **True Unresponsiveness**
Cannot be interrupted by touch

[ ] **Brief Duration 3-20 seconds**
Multiple times per day

[ ] **Unpredictable Timing**
Not Situational

[ ] **Subtle repetitive motions**
During the freeze: blinking, lip-smacking, finger-rubbing.

[ ] **No Confusion After**
Child has no memory of event and immediately resumes activity

[ ] **Induced by Hyperventilation (HV)**
>90% of patients with CAE have an absence seizure with HV

# WHY THAT "DAYDREAMING" STUDENT MIGHT HAVE EPILEPSY

**A School Nurse's Guide to ADHD/Childhood Absence Epilepsy (CAE) Overlap**

# WHY LOOK FOR CAE

**The "1 in 179" Reality:** While CAE affects roughly 1 in 1,000 children in the general population, its incidence skyrockets to 1 in 179 inside the ADHD-diagnosed population. Furthermore, 50% of children with CAE also have ADHD—and the attention deficit almost always displays first.

**Uncontrolled micro-seizures occur dozens of times a day, causing:**

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- **Fragmented Learning:** Imagine reading a book with every 5th sentence completely erased.
- **Psychological Distress:** Anxiety, low self-esteem, and social isolation from "missing the joke" or being labeled lazy.
- **Injury** Risk of sudden injury if a freeze occurs while crossing the street, climbing playground equipment, or riding a bike.

# HOW CAE IS DIAGNOSED

**Detailed Clinical History:** Diagnosis relies on eyewitness logs from parents, teachers, and school nurses to differentiate episodes from typical ADHD inattention.

**DIAGNOSTIC TOOLS:**

**In-Office Hyperventilation Test:** Deep, rapid breathing for 3 minutes triggers a classic absence event in > 90% of untreated patients. Pediatricians often have the child blow on a pinwheel. However, modern pediatric clinics now utilize digital tools like the **Eysz HV Recorder** to standardize this test via a smartphone game, capturing objective video data to fast-track specialist care.

**EEG Confirmation:** An EEG measures brain wave activity during resting state and during hyperventilation to definitively confirm the diagnosis.

# THE NURSE AS ADVOCATE

**Because 87.5% of school nurses participate directly in student IEP and 504 accommodation meetings, you hold the keys to protecting these children:**

**Mandate Staff Training**: Train teachers, elective staff, and substitutes to recognize CAE and eliminate disciplinary action for "not listening."

**Fight for Redundant Instruction:** Secure accommodations requiring teachers to check in after multi-step instructions.

**Secure Testing Modifications**: Advocate for extended testing time in a quiet environment.

**Bridge the Data Gap:** Create a tracking log for teachers to record daily seizure frequency for the neurologist.

**EARLY IDENTIFICATION SAVES FUTURES.**
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