

LAPSE OF CONSCIOUSNESS CONSOLIDATION TABLE

Seizure Type	Definition	Functional Impairment	Severity Range	Range of Actions	Contributing Factors
<i>Simple Partial Seizure</i> Usually originates in a specific focal point in the brain. These seizures spread gradually or suddenly.	Implies no loss of consciousness. A seizure discharge confined to a small area of the brain. The person may have twitching which may involve the face or other extremities, slurred words, odd smells, strange feelings, visual disturbances. An aura is a simple partial seizure that may precede other types of seizures.	May cause a distraction or change in sensory motor functions.	<i>Minimum:</i> Seizures never progress to complex partial seizures or secondarily generalized tonic clonic seizures. Condition is well controlled with or without medication with no adverse side effects. There is no distraction or significant change in sensory or motor function which would likely impair driving ability. <i>Maximum:</i> Uncontrollable frequent episodes in which muscular control or coordination of a limb is affected for a period of time to the point that maneuvering a motor vehicle is very difficult. Episodes with sensory or emotional impairment which interfere with attentional process to an extent that is unsafe to drive.	<i>No Action:</i> Seizures are stable and controlled or are ongoing seizures, i.e., twitch, but do not affect driving. <i>Medical Prob. II:</i> Control only recently achieved for three months. <i>Medical Prob. III:</i> Stable and controlled for six months or longer with potential for instability due to contributing factors. <i>Suspension:</i> Condition not controlled and could affect the driver's ability to safely operate a motor vehicle. <i>Revocation:</i> Condition not likely to ever be brought under control.	• Alcohol consumption • Evidence of driving under stressful or fatiguing situations • Mileage and road exposure • Sleep deprivation. This could be caused by illness, studying for finals, insomnia, newborn, etc. • Drug abuse (prescribed or illicit) • Etiology • Change in medical regimen • Adverse side effects to anticonvulsant medications. This could include dizziness, weakness, tremors, or lack of alertness and coordination contributing to poor reaction time when driving. • Driver's reliability and compliance with prescribed medical regimen. A person's positive attitude toward understanding and accepting his/her epileptic condition will enhance his/her ability to achieve adequate control of the condition. • History of noncompliance with prior medical probation

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Complex Partial Seizure Usually originates in a specific focal point in the brain. These seizures spread gradually or suddenly.	Characterized by a lapse of consciousness and may have quasi purposeful movement which may or may not be reactive to the environment. The person usually has no recollection of events.	Loss of consciousness or ability to respond to the environment. May have prolonged post-seizure confusion.	<i>Minimum:</i> Seizures are well controlled with or without medication with no adverse side effects. <i>Maximum:</i> Uncontrollable frequent episodes of partial or total loss of consciousness.	<i>No Action:</i> Condition is stable and controlled for an adequate period of time. <i>Medical Prob. II:</i> Control only recently achieved for three months. <i>Medical Prob. III:</i> Stable and controlled for six months or longer with potential for instability due to contributing factors. <i>Suspension:</i> Condition not controlled and could affect the driver's ability to safely operate a motor vehicle. <i>Revocation:</i> Condition not likely to ever be brought under control.	• Alcohol consumption • Evidence of driving under stressful or fatiguing situations • Mileage and road exposure • Sleep deprivation. This could be caused by illness, studying for finals, insomnia, newborn, etc. • Drug abuse (prescribed or illicit) • Etiology • Change in medical regimen • Adverse side effects to anticonvulsant medications. This could include dizziness, weakness, tremors, or lack of alertness and coordination contributing to poor reaction time when driving. • Driver's reliability and compliance with prescribed medical regimen. A person's positive attitude toward understanding and accepting his/her epileptic condition will enhance his/her ability to achieve adequate control of the condition. • History of noncompliance with prior medical probation

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Secondarily Generalized Seizure Usually originates in a specific focal point in the brain. These seizures spread gradually or suddenly.	Starts as a simple partial seizure or complex partial seizure and develops into a generalized tonic clonic seizure. A simple or complex partial seizure can both progress to a secondarily generalized seizure.	Involuntary repetitive movements. Loss of consciousness. Prolonged post-seizure confusion.	<i>Minimum:</i> Seizures are well controlled with or without medication with no adverse side effects. <i>Maximum:</i> Uncontrollable, frequent episodes of partial or total loss of consciousness.	<i>No Action:</i> Condition is stable and controlled for an adequate period of time. <i>Medical Prob. II:</i> Control only recently achieved for three months. <i>Medical Prob. III:</i> Stable and controlled for six months or longer with potential for instability due to contributing factors. <i>Suspension:</i> Condition not controlled and could affect the driver's ability to safely operate a motor vehicle. <i>Revocation:</i> Condition not likely to ever be brought under control.	• Alcohol consumption • Evidence of driving under stressful or fatiguing situations • Mileage and road exposure • Sleep deprivation. This could be caused by illness, studying for finals, insomnia, newborn, etc. • Drug abuse (prescribed or illicit) • Etiology • Change in medical regimen • Adverse side effects to anticonvulsant medications. This could include dizziness, weakness, tremors, or lack of alertness and coordination contributing to poor reaction time when driving. • Driver's reliability and compliance with prescribed medical regimen. A person's positive attitude toward understanding and accepting his/her epileptic condition will enhance his/her ability to achieve adequate control of the condition. • History of noncompliance with prior medical probation

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Absence (Petit mal) Usually originates in a specific focal point in the brain. These seizures spread gradually or suddenly.	Characterized by a lapse of consciousness which begins and ends abruptly without any post-seizure confusion. These seizures are sometimes manifested by staring spells, lip smacking, interrupted speaking. Also described a momentary trance. Absence seizures must be distinguished from complex partial seizures, the latter of which are prolonged and have post-seizure confusion.	Loss of consciousness or awareness of surroundings. Begins and ends abruptly.	<i>Minimum:</i> Seizures are well controlled with or without medication with no adverse side effects. <i>Maximum:</i> Uncontrollable frequent episodes of loss of consciousness. Frequent inability to respond appropriately and rapidly to traffic situations.	<i>No Action:</i> Condition is stable and controlled for an adequate period of time. <i>Medical Prob. II:</i> Control only recently achieved for three months. <i>Medical Prob. III:</i> Stable and controlled for six months or longer with potential for instability due to contributing factors. <i>Suspension:</i> Condition not controlled and could affect the driver's ability to safely operate a motor vehicle. <i>Revocation:</i> Condition not likely to ever be brought under control.	• Alcohol consumption • Evidence of driving under stressful or fatiguing situations • Mileage and road exposure • Sleep deprivation. This could be caused by illness, studying for finals, insomnia, newborn, etc. • Drug abuse (prescribed or illicit) • Etiology • Change in medical regimen • Adverse side effects to anticonvulsant medications. This could include dizziness, weakness, tremors, or lack of alertness and coordination contributing to poor reaction time when driving. • Driver's reliability and compliance with prescribed medical regimen. A person's positive attitude toward understanding and accepting his/her epileptic condition will enhance his/her ability to achieve adequate control of the condition. • History of noncompliance with prior medical probation

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<i>Tonic Clonic (Grand mal)</i> Usually originates in a specific focal point in the brain. These seizures spread gradually or suddenly.	Convulsion, characterized by stiffening and jerking of the whole body.	Involuntary repetitive movements. Loss of consciousness. Prolonged post seizure confusion.	Minimum: Seizures are well controlled with or without medication with no adverse side effects. Maximum: Uncontrollable, frequent episodes of loss of consciousness in conjunction with convulsive movement.	No Action: Condition is stable and controlled for an adequate period of time. Medical Prob. II: Control only recently achieved for three months. Medical Prob. III: Stable and controlled for six months or longer with potential for instability due to contributing factors. Suspension: Condition not controlled and could affect the driver's ability to safely operate a motor vehicle. Revocation: Condition not likely to ever be brought under control.	• Alcohol consumption • Evidence of driving under stressful or fatiguing situations • Mileage and road exposure • Sleep deprivation. This could be caused by illness, studying for finals, insomnia, newborn, etc. • Drug abuse (prescribed or illicit) • Etiology • Change in medical regimen • Adverse side effects to anticonvulsant medications. This could include dizziness, weakness, tremors, or lack of alertness and coordination contributing to poor reaction time when driving. • Driver's reliability and compliance with prescribed medical regimen. A person's positive attitude toward understanding and accepting his/her epileptic condition will enhance his/her ability to achieve adequate control of the condition. • History of noncompliance with prior medical probation

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<i>Tonic</i>	Muscle stiffening or sustained contraction.	Involuntary repetitive movements. Loss of consciousness.	<i>Minimum:</i> Seizures are well controlled with or without medication with no adverse side effects.	<i>No Action:</i> Condition is stable and controlled for an adequate period of time.	- Alcohol consumption - Evidence of driving under stressful or fatiguing situations
<i>Clonic</i>	Repetitive jerking of muscles.	Prolonged post-seizure confusion.	<i>Maximum:</i> Uncontrollable frequent episodes of loss of consciousness in conjunction with convulsive movement.	<i>Medical Prob. II:</i> Control only recently achieved for three months. <i>Medical Prob. III:</i> Stable and controlled for six months or	- Mileage and road exposure - Sleep deprivation. This could be caused by illness, studying for finals, insomnia, newborn, etc.
<i>Atonic</i>	Loss of muscle tone.	Sudden loss of muscle tone. Cannot maintain posture. Will have drop attacks.	<i>Minimum:</i> Seizures are well controlled with or without medication with no adverse side effects. <i>Maximum:</i> Uncontrollable frequent drop attacks.	longer with potential for instability due to contributing factors. <i>Suspension:</i> Condition not controlled and could affect the driver's ability to safely operate a motor vehicle. <i>Revocation:</i> Condition not likely to ever be brought under control.	- Drug abuse (prescribed or illicit) - Etiology - Change in medical regimen - Adverse side effects to anticonvulsant medications. This could include dizziness, weakness, tremors, or lack of alertness and coordination contributing to poor reaction time when driving. - Driver's reliability and compliance with prescribed medical regimen. A person's positive attitude toward understanding and accepting his/her epileptic condition will enhance his/her ability to achieve adequate control of the condition. History of noncompliance with prior medical probation

Seizure Type	Definition	Functional Impairment	Severity Range	Range of Actions	Contributing Factors
<i>Myoclonic</i> Usually originates in a specific focal point in the brain. These seizures spread gradually or suddenly.	Rhythmic muscle contractions, twitching or spasm.	Rhythmic muscle contractions, twitching or spasm with no loss of consciousness.	<i>Minimum:</i> Seizures are well controlled with or without medication with no adverse side effects. <i>Maximum:</i> Frequent muscle jerks which would interfere with driving ability.	<i>No Action:</i> Seizures are stable and controlled or are ongoing seizures, i.e., twitch, but do not affect driving. <i>Medical Prob. II:</i> Control only recently achieved for three months. <i>Medical Prob. III:</i> Stable and controlled for six months or longer with potential for instability due to contributing factors. <i>Suspension:</i> Condition not controlled and could affect the driver's ability to safely operate a motor vehicle. <i>Revocation:</i> Condition not likely to ever be brought under control.	• Alcohol consumption • Evidence of driving under stressful or fatiguing situations • Mileage and road exposure • Sleep deprivation. This could be caused by illness, studying for finals, insomnia, newborn, etc. • Drug abuse (prescribed or illicit) • Etiology • Change in medical regimen • Adverse side effects to anticonvulsant medications. This could include dizziness, weakness, tremors, or lack of
<i>Nocturnal</i>	Recurrent seizures that occur during sleep.	These seizures occur during sleep only.	Not applicable. If nocturnal seizures develop into diurnal seizures, refer to seizure type for severity ranges.	<i>Medical Prob. II:</i> No seizure-free period is required to place the driver on probation when seizures are nocturnal only. These drivers should be monitored by probation. <i>Medical Prob. III:</i> If a driver has been on Medical Probation Type II for at least six months, and no further seizure activity has occurred, conversion to Probation Type III is appropriate. <i>Suspension:</i> Not necessary for nocturnal seizures. <i>Revocation:</i> Not necessary for nocturnal seizures.	• alertness and coordination contributing to poor reaction time when driving. • Driver's reliability and compliance with prescribed medical regimen. A person's positive attitude toward understanding and accepting his/her epileptic condition will enhance his/her ability to achieve adequate control of the condition. • History of noncompliance with prior medical probation

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<i>Syncope</i>	Fainting or loss of consciousness due to loss of cardiac output. - Situational: Cough, emotion or during urination (micturitional). - Cardiogenic decrease of cardiac output secondary to a rhythm disturbance or failed pump. - Vasovagal or vasodepressor: Precipitated by fright or pain.	Loss of consciousness with loss of muscle tone.	<i>Minimum:</i> Condition causing syncope has been controlled and is not likely to recur while driving. <i>Maximum:</i> Condition causing syncope is uncontrollable resulting in frequent episodes of loss of consciousness.	<i>No Action:</i> Single episode symptomatic to another situation which is unlikely to recur while driving: - Situational (vasovagal): An example of this would be when a person faints at the sight of blood. - Cardiogenic: Disorder controlled as determined by the physician. <i>Medical Prob. II:</i> Control only recently achieved for three months. <i>Medical Prob. III:</i> Stable and controlled for six months or longer with potential for instability due to contributing factors. <i>Suspension:</i> Fainting likely to recur because precipitating condition is not controlled. <i>Revocation:</i> Precipitating condition not likely to ever be brought under control.	- Alcohol consumption - Evidence of driving under stressful or fatiguing situations - Mileage and road exposure - Sleep deprivation. This could be caused by illness, studying for finals, insomnia, newborn, etc. - Drug abuse (prescribed or illicit) - Etiology - Change in medical regimen - Adverse side effects to medications. - Driver's reliability and compliance with prescribed medical regimen. A person's positive attitude toward understanding and accepting his/her epileptic condition will enhance his/her ability to achieve adequate control of the condition. - History of noncompliance with prior medical probation

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<i>Narcolepsy</i> <i>Cataplexy</i> <i>Sleep Apnea</i> <i>Other Sleep Disorders</i>	A condition in which there is sudden loss of muscle tone following emotional change or shock. Cataplexy may cause a person to fall to the floor but consciousness will not be lost. Usually seen in narcolepsy.	<i>Cataplexy:</i> Loss of muscular tone and inability to maintain posture. Drop attacks. <i>Narcolepsy:</i> Excessive daytime sleepiness. <i>Sleep Apnea:</i> Excessive daytime sleepiness. Uncontrollable urge to sleep at irregular intervals.	<i>Minimum:</i> Condition causing Cataplexy has been controlled and is not likely to recur. Daytime sleepiness is controlled. <i>Maximum:</i> Uncontrolled episode of loss of awareness of surroundings. Loss of feeling in limbs, hands, and feet or muscular control is affected to the point that maneuvering vehicle is difficult. Inability to maintain posture; extreme muscular weakness which impairs one's ability to operate a motor vehicle.	<i>No Action:</i> Stable and controlled so that it does not affect driving. <i>Medical Prob. II:</i> Control only recently achieved for three months. <i>Medical Prob. III:</i> Stable and controlled for six months or longer with potential for instability due to contributing factors. <i>Suspension:</i> Uncontrolled pathological sleep which could affect the ability to safely operate a motor vehicle. <i>Revocation:</i> Condition not likely to ever be brought under control.	• Alcohol consumption • Evidence of driving under stressful or fatiguing situations • Mileage and road exposure • Drug abuse (prescribed or illicit) • Etiology • Change in medical regimen • Adverse side effects to medications. • Driver's reliability and compliance with prescribed medical regimen. A person's positive attitude toward understanding and accepting his/her epileptic condition will enhance his/her ability to achieve adequate control of the condition. • History of noncompliance with prior medical probation

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Symptomatic	Seizures resulting from a known structural brain abnormality or other medical conditions such as severe sleep deprivation, brain tumor, stroke*, or pregnancy. *NOTE: When a person experiences a lapse of consciousness due to a stroke, there may be residual multi-infarct dementia. Refer to the section on Dementia.	See episode type.	<i>Minimum:</i> Episodes are limited to a few seconds with no loss of consciousness. Loss of muscular control and coordination must be minimal. Awareness of the environment must not be lost. <i>Maximum:</i> Loss of muscle control and/or awareness of the environment.	Refer to the type of seizures experienced.	- Alcohol consumption - Evidence of driving under stressful or fatiguing situations - Mileage and road exposure - Drug abuse (prescribed or illicit) - Etiology - Change in medical regimen - Adverse side effects to medications. - Driver's reliability and compliance with prescribed medical regimen. A person's positive attitude toward understanding and accepting his/her epileptic condition will enhance his/her ability to achieve adequate control of the condition. - History of noncompliance with prior medical probation
Metabolic	Seizures resulting from imbalanced chemical and physical processes occurring in the body. For example: - Hypoglycemia: Low blood sugar - Hyponatremia: Low blood sugar - Hypoxia: Low levels of oxygen	See seizure type	<i>Minimum:</i> Episodes are limited to a few seconds and no loss of consciousness is experienced. Loss of muscular control and coordination must be minimal to the point that physical control of a motor vehicle can be maintained. Awareness of the environment must not be lost.	Refer to the type of seizure experienced.	
Toxic	Substance abuse involving: - Alcohol withdrawal - Drug use (illicit or prescribed)	Interference with awareness and muscular control or coordination or possible loss of consciousness.	Same as Symptomatic.	Refer to the type of seizure experienced.	