

Grand Mal Seizure, Cardiomyopathy and ICU

Families' FAQ: "Why is my wife not remembering anything?" | Quick tip for families in intensive care

A husband found his wife having a grand mal seizure. She has cardiomyopathy. He started CPR, she was sedated and ventilated for 13 days, and on waking she remembered nothing, not even herself. Here are the answers families like his need most.

Q. What is a grand mal seizure?

Medically called a generalized tonic-clonic seizure, it affects the whole brain and body in two phases: the **tonic phase** (body goes rigid, consciousness is lost) and the **clonic phase** (rhythmic jerking of all four limbs). Triggers include a cardiac event, a sudden drop in blood flow to the brain, oxygen deprivation, electrolyte abnormalities or epilepsy.

Q. How can cardiomyopathy lead to a seizure?

Cardiomyopathy is a disease of the heart muscle. The heart may pump poorly or develop dangerous rhythms (arrhythmias). If the heart stops or severely underperforms, even briefly, the brain is starved of oxygen and can seize. Starting CPR quickly is very likely why she survived.

Q. Why was she sedated and put on a ventilator?

The team had two priorities: protect the airway and protect the brain. Sedation with a ventilator keeps the airway safe, lowers the brain's oxygen demand and helps prevent further seizures. Propofol (a common ICU sedative) and fentanyl (a strong pain-relieving opioid) for about two weeks is not unusual for this situation.

Q. Why doesn't she remember anything, including herself?

There are at least four possible reasons: **(1) Sedation amnesia:** on prolonged sedation the brain cannot form new memories, and this often improves as the drugs clear. **(2) ICU delirium:** affects up to 80% of ventilated patients and can cause confusion or not recognizing family; it usually resolves over days to weeks. **(3) Hypoxic brain injury:** oxygen loss may affect memory, recognition or cognition and must be assessed by the medical team. **(4) Psychological shock:** waking among machines and strangers with no context can mimic memory loss. For most patients, memory improves significantly over time.

Q. What tests and reviews should we ask about?

Neurology: brain MRI (for hypoxic injury), EEG (abnormal brain activity) and a neuropsychological assessment. **Cardiology:** echocardiogram, possibly Holter or loop-recorder monitoring, a review of heart failure medications, and discussion of an ICD (implantable defibrillator). **Rehabilitation:** physiotherapy, occupational therapy, speech pathology if needed, psychological support for patient and family, and an ICU follow-up clinic if available.

Q. How can I help her memory return?

Keep the environment calm and be patient. Bring familiar objects (photos, a favourite blanket). Share memories warmly and **don't quiz her** or ask "Don't you remember?". Play her favourite music, as music memory is often stored differently and may survive when words fail. Use an ICU diary if the unit kept one, and ask for a neuropsychology referral.

Q. Why do I need all of her medical records?

You can't ask the right questions or advocate effectively without knowing what has already happened. Request everything: nursing and medical notes, medication charts, investigation results, specialist letters and reports, ventilation settings, vital signs, fluid balance charts and discharge summaries.

Q. What if she can't come off the ventilator?

She doesn't have to stay in hospital indefinitely. **Intensive Care at Home** provides 24-hour intensive care nursing at home for ventilation with or without a tracheostomy, tracheostomy care, non-invasive ventilation (BiPAP/CPAP), complex cardiac support and palliative care. It is third-party accredited and operates across Australia, and also helps clients in the US, UK and Canada.

Need personal support? Intensive Care Hotline can help.

Founder Patrik Hutzel has 25+ years of critical care nursing experience. Book a **free 15-minute consultation**, get help reviewing medical records and questions for the ICU team, and optional advocacy in family meetings. intensivecarehotline.com | support@intensivecarehotline.com | Long-term care at home: intensivecareathome.com

General information for families, not a substitute for advice from your loved one's treating medical team.