

“Seizures (Epilepsy)”

A seizure:

- Is a symptom of an electrical disturbance in the brain
- Is a rare event
- Has a typical beginning (best clue for accurate diagnosis)
- Is involuntary
- Lasts only a short time (90% complete in 90 seconds)
- May cause post seizure impairments.
- Most seizures do not involve convulsions.
- The most common type of seizure is one mostly involving loss of awareness.
- Seizures can be very subtle and hard to notice.

Examples of post-seizure impairments:

- Post ictal confusion (length is individual)
- Initial difficulty speaking
- Confusion about when, where, or what was just happening
- Memory disturbance which can last a while (behaving normally but can't retain/absorb information)
- Headache with some kinds of seizures

What is epilepsy?

Epilepsy is a condition where a person has “recurrent, unprovoked” seizures. Recurrent means more than one. Unprovoked means that the seizures occur at a time when the body, and especially the brain are not clearly sick – there is no infection, stroke, or injury occurring moments before the seizure.

2 major classifications of seizure types:

Generalized – the electrical/chemical disturbance begins throughout the brain all at once. There are several different kinds of generalized seizures: tonic-clonic, absence, myoclonic, clonic, tonic, atonic.

Partial – start in a specific part of the brain, not in the whole brain. Unlike generalized seizures, partial seizures can have a warning before they occur (aura). Auras are actually a kind of seizure. There are several different kinds of partial seizures: simple (motor, sensory or psychological), complex, partial seizure with secondary generalization.

Accurate seizure diagnosis by the health care provider is very important because the medications used to treat seizures often vary depending on the type. There are 20 types of seizures in the International Classification of Seizures (over 2,000 types reported in the literature).

A detailed description of the seizure by the person observing the seizure is necessary for accurate diagnosing. Having a seizure while in the doctor's office is very rare.

Seizure observation: - 3 important ones to make (in order of usual importance):

- What happened right as the seizure was beginning?
- What happened after the seizure was over?
- What happened during the seizure?

For most people diagnosed with epilepsy (sometimes referred to as seizure disorder), their seizures usually look the same. Knowing how the person you work with looks or behaves when they are having a seizure is very important in order for you to be prepared to keep the person safe during and after the seizure.

Some typical symptoms of a generalized seizure are:

- Entire body stiffening all at once
- Uncontrollable muscle spasm with twitching and jerking limbs



- Drooling or frothing at the mouth
- Grunting and snorting
- Loss of bladder or bowel control
- Sudden falling
- Loss of consciousness
- Temporary absence of breathing
- Skin color may be very red or blue-ish

Some typical symptoms of a partial seizure are:

- A change in behavior or sensation without loss of consciousness
- Glassy stare or rapid blinking
- Turning head to one side
- Unusual movement in one limb
- Give no response or an inappropriate response when questioned
- Sit, stand, or walk around aimlessly
- Make lip-smacking or chewing motions
- Fidget with or pick at clothes
- Appear to be drunk, drugged, disorderly, or psychotic

First Aid for a generalized seizure:

- Remain calm, be a careful observer and speak calmly and softly to the person throughout the seizure.
- Help the person into a lying position and put something soft under the head (this padding should be thin though).
- Do not try to restrain the person.
- Remove glasses, loosen ties, collars and tight clothing.
- Clear the area of sharp or dangerous objects (if you can't move the object that presents danger, move the person).
- DO NOT put anything into the person's mouth or between their teeth.
- Keep track of the time.
- Turn the person onto their side into recovery position to allow saliva to drain from mouth (bent at hips and knees, arm extended, head dangle)

- Do not give fluids, meds or anything else by mouth until the person has fully recovered.

First Aid for a partial seizure:

- Remain calm, be a careful observer and speak calmly and softly to the person.
- Clear sharp or dangerous objects in the person's pathway or gently guide them away from harm.
- DO NOT try to stop or restrain the person.
- Stay close by in order to help them into lying position if the seizure generalizes.
- Do not give fluids, meds or anything else by mouth until the person has fully recovered.

After the seizure:

- Stay with the person until they are fully alert.
- If needed, clear the airway of saliva and/or vomitus.
- Allow the person to rest or sleep. The length of time required is individual.
- Report the seizure according to your agency procedures.
- Document the seizure including what happened just before it started, what happened during the seizure, how long it lasted, and how long it took the person to recover.

Generally CALL 911 IF:

- This is a first time seizure.
- The seizure lasts more than 5 minutes.
- The person has one seizure right after another.
- The person does not regain consciousness.
- The person's color remains poor.
- The seizure occurred in water.
- The person appears to be injured.
- The person does not start breathing within one minute after the seizure has stopped.
- The seizure looks very different from the person's usual pattern.

