

Some seizures only involve short periods of unresponsiveness, and do not require specific first aid. Other types of seizures are more intense and frightening.

## What To Do if Someone Has a Seizure

You, your family members, teachers, babysitters, and anyone else who looks after your child should know what to do when your child has a seizure. The most important things to do for any type of seizure are to remain calm and keep your child safe. For all seizure types, if your child seems to be having prolonged seizures, many seizures in a short time (clusters of seizures), or

many more seizures than usual, seek medical attention.

Here are some suggestions for how to help your child with different seizure types. You may find that some tips work better than others, or that your child needs one particular type of help during a seizure. You will come to know what works best for your child. Let other people know as well.

### Tonic-clonic seizures

Tonic-clonic seizures are often intense and frightening. With these types of seizures, you should take certain safety measures so that your child is not hurt.

#### Step 1: Stay calm and reassure others

Many people are scared when they see someone having a seizure. You can help your child by staying calm. Reassure her and others around you that everything is under control.

#### Step 2: Prevent injury

- Keep your child away from sources of danger. If she is near a stairway, a hot stove, a busy street, or other hazards, protect her as much as possible.
- Remove nearby objects that are sharp or hard. Try to put something soft like a folded jacket under her head.
- During the tonic phase of the seizure, when her body is stiff, she may stop breathing and turn blue. This is because more blood is being sent to protect her vital organs, much like

what happens when a child jumps into cold water. This period is usually brief and does not require CPR. She will start breathing again as soon as her muscles relax.

- Don't hold her down or try to stop her movements.

### Step 3: Be aware of the length of the seizure

If possible, note the time that the seizure began, and how long it lasts. If it is the child's first convulsive seizure, or if it lasts more than five minutes, call 911 or emergency services. Pay attention to the nature and the length of the seizure so you can give an accurate report.

### Step 4: Make your child as comfortable as possible

- Remove glasses so they do not break.
- If your child has food in her mouth, do not attempt to take the food out, as this may actually push it farther in.
- If possible, roll her gently onto her side or roll her head to the side so that any fluids can drain out of her mouth. You may need to wait until she has stopped shaking. Make sure that her airway is open.
- Loosen anything around her neck to make breathing easier. Loosen buttons or belts that are tight.

### Step 5: Do not put anything in your child's mouth

Putting a finger, a spoon, or any other object in her mouth could result in choking or broken teeth, not to mention a bitten finger. It is a

common misconception that people can swallow their tongue during a seizure, but this is not true because the tongue is attached to the base of the mouth.

### Step 6: Keep bystanders away

Only one or two people are needed for first aid. Your child may feel upset and embarrassed when she becomes conscious if many people have been watching.

### Step 7: Do not give your child any water, food, or pills until the seizure is over and she is fully alert

This will prevent choking. In some cases, your child's doctor may have prescribed medications to be used at the time of the seizure; use it as directed. Check if she is alert by asking simple questions until your child has returned to her usual state.

### Step 8: Be sensitive and supportive after the seizure

Children usually recover from seizures on their own.

- If your child is old enough, explain to her exactly what happened, and how long the seizure lasted.
- Your child may want to be comforted. Help her to know where she is and what is going on.
- She may have wet her pants or had a bowel movement during a seizure. Help her get clean. Tell her you know that she could not help it.

## Step 9: After the seizure

- If your child complains of minor pain from a headache, muscle ache, or bitten tongue, acetaminophen may help.
- If she has severe pain, or if she was injured during the seizure, take her to see a doctor.
- If your child has a fever associated with the seizure, consult your child's doctor. She may have an infection that needs to be treated.

## Simple partial seizures

A simple partial seizure affects only part of the brain, and the child is usually conscious and aware for the duration of the seizure. If your child is having a simple partial seizure, keep her safe; no other intervention is usually needed.

## Complex partial seizures

Complex partial seizures affect parts of the brain that involve alertness and awareness. They come in many different forms. Your child may wander around or perform automatisms (repetitive, apparently purposeful movements such as lip-smacking or hand-rubbing). He may react unpredictably if you speak to him or touch him.

What to do if your child is having a complex partial seizure:

- If he is walking or running around, try to be a barrier. Guide him gently away from hot or sharp objects and stairs, as he could hurt himself or fall.
- Don't restrain him unless it is absolutely necessary (if he is in an unsafe situation), as he may strike out or try to run away.

- If you need to touch him, approach him with caution from the side and speak to him so that he doesn't feel threatened.
- Once the seizure is over, he may be confused or tired. Quietly explain what happened and where he is. Give him time to rest and recover.

## Absence seizures

Absence seizures involve short periods of unresponsiveness, often many times a day.

What to do if your child is having an absence seizure:

- Don't shout; she cannot hear you.
- If you are not sure whether she is having a seizure or just daydreaming, touch her gently on the arm.
- No other intervention is typically required.

## Atonic and tonic seizures

Atonic seizures make all the muscles in the body go limp, while tonic seizures make them go stiff. These seizures are often known as "drop attacks" because they can cause your child to fall down suddenly if he is standing when the seizure begins. It can be difficult or impossible to intervene in time to keep your child from falling.

If your child often has seizures of this type, he may need to wear a helmet to protect his head from injury.

No specific intervention is needed for one of these seizures, unless your child was injured in falling.

## Oxygen

In many cases, a child who is having a seizure will be given oxygen by emergency services. However, the benefits of this have not been studied. In most cases, it is not necessary to give a child oxygen during a seizure.

## Seizures in water

If your child has a seizure in the water:

- Support him and keep his head above water.
- Get him out of the water as soon as possible.
- Check to see if he is breathing and if not, begin CPR.
- Always have him checked by a doctor as soon as possible, even if he seems to be fine.

You can't always be there while your child is having a seizure. Make sure friends, family, babysitters, and teachers also know how to help him if necessary.

## Taking notes

For all seizures, especially the first few seizures, try to observe as much as possible about the seizure and record it as needed. This will help your child's doctor understand more about her epilepsy.

Information you can observe includes:

- the time of day the seizure occurred

- what your child was doing before the seizure
- if she is sick, tired, or stressed
- if she is taking her seizure medication as prescribed
- if she is taking any other medication
- how the seizure began
- if she described feeling any warning signs before the seizure
- what her movements (if any) looked like during the seizure
- if the movements were on a particular side of her body
- whether she was able to talk and respond during the seizure
- whether she made any sounds
- the length of the seizure
- if she was confused, tired, or sore after the seizure
- if she could speak and move her body normally after the seizure
- if anything about this seizure was different from her other seizures