


# Seizures and First Aid

Seizure Type	Characteristics	First Aid
<b>Tonic Clonic</b> (formerly called grand mal)	<ul style="list-style-type: none"> <li>• Typically 1 to 3 minutes in length</li> <li>• a crying out or groan</li> <li>• a loss of consciousness</li> <li>• a fall</li> <li>• a convulsion (stiffening, jerking)</li> <li>• may involve:                             <ul style="list-style-type: none"> <li>- loss of urinary or bowel control</li> <li>- shallow breathing</li> <li>- bluish or gray skin color</li> <li>- drooling</li> </ul> </li> <li>• may be followed by confusion, fatigue or headache</li> </ul>	<ol style="list-style-type: none"> <li>1. <b>Stay calm.</b> Let the seizure take its course.</li> <li>2. <b>Time the seizure.</b></li> <li>3. <b>Protect from injury.</b> If necessary, ease the person to the floor. Move hard or sharp objects out of the way. Place something soft under the head.</li> <li>4. <b>Loosen anything tight around the neck.</b> Check for medical identification.</li> <li>5. <b>DO NOT restrain the person.</b></li> <li>6. <b>DO NOT put anything in the mouth.</b> The person will not swallow his or her tongue.</li> <li>7. <b>Gently roll the person onto his or her side as the convulsive seizure subsides</b> to allow saliva or other fluids to drain away and keep the airway clear.</li> <li>8. <b>After the seizure, talk to the person reassuringly.</b> Do not leave until the person is re-oriented. The person may need to rest or sleep.</li> </ol>
<b>Absence</b> (formerly called petit mal)	<ul style="list-style-type: none"> <li>• Typically less than 10 seconds in length</li> <li>• a sudden blank stare</li> <li>• impaired awareness</li> <li>• may involve rapid blinking, eyes rolling upwards</li> <li>• alertness regained quickly following seizure</li> </ul>	<p><b>First Aid generally not required.</b></p> <p>If absence seizures occur in a cluster, remove the person from any activities that could pose a risk (e.g. swimming).</p>
<b>Simple Partial</b> (formerly called focal)	<ul style="list-style-type: none"> <li>• Typically seconds to minutes in length</li> <li>• awareness retained but person cannot control symptoms</li> <li>• may involve:                             <ul style="list-style-type: none"> <li>- jerking in one area of the body that may spread to another area of the body</li> <li>- an unusual sensation such as seeing, smelling, or hearing things that aren't there</li> <li>- a sudden overwhelming feeling such as joy or fear</li> <li>- symptoms such as stomach upset or flushing</li> </ul> </li> <li>• may be referred to as an aura (a sudden unusual sensation, feeling or movement)</li> <li>• may progress to a complex partial or generalized seizure</li> </ul>	<p><b>First Aid generally not required as person remains aware.</b></p> <p>Stay calm. Stay with the person. Offer emotional support and reassurance.</p> <p><i>If the seizure progresses to a complex partial or tonic clonic seizure, see First Aid as outlined for complex partial or tonic clonic seizures.</i></p>
<b>Complex Partial</b> (formerly called psychomotor or temporal lobe)	<ul style="list-style-type: none"> <li>• Typically 1 to 2 minutes in length</li> <li>• altered awareness</li> <li>• dreamlike state</li> <li>• appears dazed, confused</li> <li>• often begins with an aura (a sudden unusual sensation, feeling or movement)</li> <li>• typically involves random purposeless movements such as chewing motions, picking motions in the air, or pulling at clothing</li> <li>• often followed by confusion and disorientation</li> <li>• may progress to a generalized seizure</li> </ul>	<ol style="list-style-type: none"> <li>1. <b>Stay with the person.</b> Let the seizure take its course. Speak calmly and explain to others what is happening.</li> <li>2. <b>Move dangerous objects out of the way.</b></li> <li>3. <b>DO NOT restrain the person.</b></li> <li>4. <b>Gently guide the person away from danger or block access to hazards.</b></li> <li>5. <b>After the seizure, talk reassuringly to the person.</b> Stay with the person until complete awareness returns.</li> </ol> <p><i>If the seizure progresses to a tonic clonic seizure, see First Aid as outlined for a tonic clonic seizure.</i></p> 
<b>Atonic</b> (also called drop attacks)	<ul style="list-style-type: none"> <li>• Typically a few seconds in length</li> <li>• sudden loss of muscle tone</li> <li>• a fall, dropping objects, head nodding</li> <li>• typically a loss of awareness</li> </ul>	<p><b>As seizures occur suddenly, it is often difficult to intervene in time.</b></p> <p>Check for injury following a fall.</p>
<b>Myoclonic</b>	<ul style="list-style-type: none"> <li>• Typically a few seconds in length</li> <li>• sudden jerk of part of the body such as arm or leg</li> <li>• sometimes a fall</li> <li>• awareness retained</li> </ul>	<p><b>As seizures occur suddenly, it is often difficult to intervene in time.</b></p> <p>Check for injury following a fall.</p>
<b>Infantile Spasms</b> (West Syndrome Epilepsy)	<ul style="list-style-type: none"> <li>• A spasm typically lasts a few seconds but often occurs in a cluster of 5 to 50 or more.</li> <li>• sudden flexing forward of head and arms</li> <li>• sudden drawing up of knees, raising both arms</li> <li>• sudden body flexing at waist</li> </ul>	<p>Protect from any potential risk of injury. Doctor should be consulted promptly.</p>

## Status Epilepticus

A continuous seizure state, or **status epilepticus**, is a life-threatening condition. Seizures are prolonged or occur one after another without full recovery between seizures. The seizures may be convulsive or non-convulsive. **Immediate medical care is necessary.**

## Sudden Unexplained Death in Epilepsy (SUDEP)

The cause of SUDEP, where death occurs suddenly for no discernible reason, is unknown. This is rare.



## Calling An Ambulance

In assessing the need to call an ambulance, a combination of factors has to be considered. For example, if cyanosis (blue or gray color) or labored breathing accompanies the seizure, then an ambulance may be called earlier. If a person is known to have epilepsy and the seizure pattern is uncomplicated and predictable, then ambulance help may not be necessary.

### CALL AN AMBULANCE:

- If a convulsive seizure lasts longer than 5 minutes.
- If consciousness or regular breathing does not return after the seizure has ended.
- If seizure repeats without full recovery between seizures.
- If confusion after a seizure persists for more than one hour.
- If a seizure occurs in water and there is any chance that the person has inhaled water. Inhaling water can cause heart or lung damage.
- If it is a first-time seizure, or the person is injured, pregnant, or has diabetes. A person with diabetes may experience a seizure as a result of extremely high or low blood sugar levels.