

First aid for seizures

What is epilepsy?

Epilepsy is a tendency to have repeated seizures that begin in the brain. For most people with epilepsy their seizures will be controlled by medication. Around 1 in 20 of us will have a single seizure at some point in our lives, but this does not mean we have epilepsy. The reason could be a high temperature or head injury. Most epileptic seizures stop by themselves.

Epilepsy is:

- a physical condition
- one of the most common serious neurological (brain) conditions
- a tendency to have more than one seizure.

Epilepsy is not:

- contagious
- the same for everyone.

Seizures

Billions of brain cells pass messages to each other and these control what we say and do. A seizure can happen if the brain's electrical activity is disrupted and these messages get mixed up. Seizures usually last a short time and the brain works normally between seizures. Epilepsy is a very individual condition so seizures can happen often or rarely.

There are many different types of seizures. Some people have one type while others have more than one. We have more detailed information on the different types of seizures, just ask us.

Tonic-clonic seizures

People usually think of tonic-clonic seizures when they think of epilepsy. Tonic-clonic seizures used to be called grand mal epilepsy. A person will stiffen during a tonic-clonic seizure. This is the first stage; the tonic stage. If the person is standing they will fall and their breathing temporarily stops.

The next stage is the clonic stage where the person starts to jerk. They may make a grunting noise, produce a lot of saliva, bite their tongue, and/or empty their bladder and/or bowels. The jerking usually stops after a couple of minutes.

Because breathing is affected during a tonic-clonic seizure the skin can become pale and the lips may go blue. Once the seizure has stopped the colour will return and breathing returns to normal. The person will come round slowly. They may feel sleepy and confused afterwards. Some people have a headache or sore arms and legs. It can take time to feel well again.

The signs a tonic-clonic seizure has stopped are:

- jerking stops
- breathing returns to normal
- colour returns.

First aid for tonic-clonic seizures

Once a seizure starts it will usually stop on its own.

What to do:

- Keep calm.
- Check the time to see how long the seizure lasts.
- Move any objects that could cause injury.
- Put something soft like a rolled up jacket or cushion under the person's head to prevent injury.

- Maintain the person's airway and loosen tight clothing around the neck.
- Remove glasses.
- Stop other people crowding around.
- Check for medical identification as this may have more information on the person's epilepsy.
- Turn the person onto their side into the recovery position as soon as the jerking stops.
- Protect the person's privacy, particularly if they have emptied their bladder and/or bowels.
- Speak softly and gently when you tell the person what has happened.
- Remember they may be confused after a seizure.

Some people with epilepsy will have a care plan or epilepsy profile. This will have detailed information about their seizures and information on how best to support the person. You can refer to this during a seizure.

What NOT to do:

- **Do not** move the person unless they are in danger, eg on a busy road or at the top of stairs.
- **Do not** try to stop the jerking or restrain the person.
- **Do not** put anything in the person's mouth or between their teeth.
- **Do not** offer the person anything to eat or drink until they are fully conscious.

Call an ambulance if:

- It is the person's first seizure.
- The person has injured themselves beyond first aid.
- You suspect they may have inhaled food or liquid.
- The jerking lasts for five minutes or a longer time than is usual for that person.
- One seizure follows another with no recovery time in between.
- The person is having problems breathing after the seizure has stopped.

Absence seizures

Absence seizures used to be called petit mal epilepsy. When a person has an absence seizure, they lose awareness for a short time. They may look like they are in a daydream. They will stop what they are doing, blink and stare into space. During the seizure the person will be unaware of their surroundings. The person will recover quickly and will not remember anything that happened during the seizure.

What to do:

- Stay with the person.
- Keep them safe.
- Tell them what happened.

Tonic and atonic seizures

With both tonic and atonic seizures the person loses consciousness. Tonic seizures involve muscles stiffening and the person usually falls backwards. Atonic seizures involve loss of muscle tone and the body goes floppy and the person suddenly drops to the ground. With both these types for seizures there is a high risk of injury to the face and head, because of the way the person falls. Recovery is usually quick.

What to do:

- Check the person has not been hurt.
- Be reassuring after the seizure.
- Stay until the person has fully recovered.

Focal aware seizures (also known as simple partial seizures)

A focal aware seizure affects one area of the brain. What happens during the seizure depends upon the area of the brain involved. You may feel an unusual movement (such as twitching in an arm) or experience a sensation or vision (like seeing strange colours). You may feel 'dreamy', sick, or experience emotions such as fear or anger. They

are usually short-lived. People know the seizure is happening but cannot stop it. Focal aware seizures can be quite frightening as the person remains awake during the seizure.

Some people get a focal aware seizure immediately before a different type of seizure, like a tonic-clonic seizure. In this case it is known as an aura or seizure warning. This enables the person to make themselves safe before the other seizure begins.

What to do:

- Stay with the person.
- Give support until the seizure has passed.
- Speak quietly and be reassuring.
- Help the person to a safe place in case a different type of seizure follows.

Focal seizures with impaired awareness (also known as complex partial seizures)

A focal seizure with impaired awareness affects more of the brain than a focal aware seizure, but not enough for the person to completely lose consciousness. The person may experience strange or unusual feelings and be inaccessible. They may lose their sense of time and appear distant from what is happening and who is around them. This type of seizure can make someone behave in an odd or unusual way. This could involve behaviour like smacking their lips, plucking at clothes, or moving aimlessly or compulsively around a room. People having a focal seizure with impaired awareness may be mistaken for being drunk or on drugs. Unlike focal aware seizures, there will be some loss of awareness. They may not be aware of common dangers like roads or boiling water.

What to do:

- Gently keep the person safe.
- **Do not** restrain or move the person unless they are in danger.
- Let the seizure run its natural course.
- Calmly and quietly reassure the person afterwards.

More complicated epilepsy

Most people with epilepsy come out of seizures themselves and the following information will not apply to them.

Cluster or serial seizures

The person may have seizures one after the other or spaced out over a number of hours. In cluster seizures the person returns to consciousness and their breathing returns to normal between each seizure. Sometimes people are prescribed emergency medication to stop the seizure cluster.

If there is no emergency medication or care plan in place, please seek medical help.

Prolonged seizures

A prolonged seizure is a seizure lasting longer than the person's usual length of seizure, or for more than five minutes. Some people may have special emergency medication for this. The medication is likely to be either **rectal diazepam** (given into the rectum) or **midazolam** (given into the nose or into the buccal space, which is the inside of the cheek).

There will be a protocol or care plan giving clear instructions on how and when to give the emergency medication. This will have been signed by the doctor and the person with epilepsy, or their legal guardian. The care plan should be reviewed and signed each year by the doctor. Only people who are trained and authorised to do so can give the emergency medication. The care plan will give details on what to do if the medication does not stop the seizure and when to dial 999.

If a care plan and emergency medication are not in place, you should call an ambulance after a seizure has lasted for five minutes or more (or longer than is normal for that individual). This is to prevent **status epilepticus** (see below).

Status epilepticus

Status epilepticus is:

- When a person has a prolonged seizure, lasting more than 30 minutes, or
- When a person has one seizure after another with no return to normal breathing and consciousness between the seizures for more than 30 minutes.

Status epilepticus is very rare. It is more likely to happen if someone has uncontrolled seizures. It is more common in people with tonic-clonic seizures, although it can happen with other types of seizures. These include focal seizures with impaired awareness or absence seizures. The sooner it is treated the easier it is to control the seizure.

Status epilepticus is always a medical emergency. It can be life threatening and cause permanent damage to the brain. Emergency medication must be given to stop the seizure. This is either done by a carer if it has been prescribed, or by a medical professional. If no emergency medication has been prescribed you should call an ambulance if a seizure lasts for five minutes (or longer than is normal for that person). This gives the ambulance a further 25 minutes to arrive before the seizure becomes a medical emergency.

Also call an ambulance if a person's emergency medication has been given and it has not worked. The care plan will detail exactly when to dial 999. You will need to tell the ambulance crew and hospital what medication you gave the person, the dose and the time it was given.

Further information

For more information on epilepsy, or for details of our emergency medication training, please call our free confidential helpline on 0808 800 2200 or email:

helpline@epilepsyscotland.org.uk

All of our guides and factsheets can be found on our website: www.epilepsyscotland.org.uk