epilepsy scotland

FACTSHEET

First aid for seizures

This factsheet is for anyone who lives with or looks after someone with epilepsy, or anyone else who wants to find out more about seizure first aid. Seizure first aid is one the most effective measures anyone can take to keep a person safe during and after a seizure.

Most seizures are self-limiting, will stop on their own and require no intervention.

We will take you through simple first aid steps and tell you when you should phone an ambulance. If you have any questions about general first aid for seizures, please contact our freephone helpline on 0808 800 2200.

For medical advice, always speak to your or the person's epilepsy specialist nurse or GP.

First Aid for tonic-clonic seizures

What is a tonic-clonic seizure?

This is one of the most recognisable types of seizure. This used to be known as a grand mal seizure. During a tonic-clonic seizure, a person will stiffen, which is called the tonic phase. The person suddenly falls to the ground and their breathing temporarily stops.

This is followed by jerking movements (convulsions), all over the body, which is called the clonic phase. Breathing resumes during the clonic phase but it may sound laboured and noisy. The person 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, skin can become pale, and colour may drain from lips.

How do you know a tonic-clonic seizure has stopped?

You will know the seizure has stopped when the jerking stops.

After this, breathing and colour returns to normal, and the person slowly regains full consciousness.

The person will take some time to come round and may feel sleepy, confused, have a headache or sore arms and legs.

Recovery from a tonic-clonic seizure is not instant. It can take a person several hours, sometimes several days, before they feel well again, even without an injury.

What to do if someone has a tonic-clonic seizure

- Stay calm, most seizures will stop on their own.
- Time the jerking part of the seizure.
- Check for medical identification jewellery, such as a bracelet or a necklace, or a card in the person's wallet or pocket. This may have important information on the person's seizures, how long they usually last, when to call an ambulance and emergency contact details.
- Move any objects that could cause injury.
- Put something soft like a jacket or flat cushion under the person's head to prevent a head injury.
- Loosen tight clothing around the neck and remove glasses.

- Wipe away any vomit or saliva. This will help maintain the person's airway.

Once the jerking part of the seizure has stopped:

- Once the jerking has stopped, turn the person onto their side into the recovery position.

- Tilt the head slightly backwards as this will keep the person's airways open.

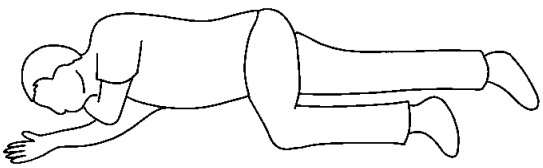
- Protect the person's dignity and stop other people from crowding around. If the person has emptied their bladder, cover the lower part of their body with a jacket or blanket.

- Speak softly and gently and explain to the person what has happened. You may need to repeat yourself as the person may still be confused.

If you know the person, they may have a written care plan or emergency medication protocol providing detailed information about their seizures and how to support them during and after a seizure. This may include information on emergency medication, and how and when to administer this.

Recovery position

Many people are familiar with the recovery position. If you do not know what to do, turn the person onto their side and tilt the head slightly back. This can help keep the person's airways clear and support breathing. There are plenty of videos you can watch online to learn about the recovery position.



What not to do during a tonic-clonic seizure

- **Do not** move the person unless they are in danger, for example if they have fallen at the top of stairs and are in danger of falling downstairs.
- **Do not** try to stop the jerking, hold down or restrain the person in any way.
- **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 recovered, i.e. until they have returned to full consciousness and their breathing has returned to normal.

When to call an ambulance

You should always call an ambulance if:

- this is the person's first seizure, as far as you are aware
- the person has injured themselves beyond first aid
- you suspect they may have inhaled food, liquid or vomit
- the jerking lasts for five minutes or more, or longer than is usual for that person
- one seizure follows another with no full recovery in between
- the person is having problems breathing after the seizure has stopped.

First aid for absence seizures

What is an absence seizure?

Absence seizures used to be referred to as petit mal seizures. During an absence seizure, the person will usually lose consciousness for a short time, sometimes for just a split second, and this may not be noticeable.

This may look like the person is daydreaming. The person will abruptly stop what they are doing, blink and stare into space. During an absence 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 if someone has an absence seizure

Absence seizures are easy to support, and the risk of injury is low. All you need to do is:

- keep the person safe, which usually means stay with them until they have fully recovered,
- tell them what happened.

First aid for tonic and atonic seizures

What is a tonic seizure?

This type of seizure will always come with a loss of consciousness. During a tonic seizure, muscles suddenly stiffen and breathing stops as all the muscles are given a signal to contract. The person falls to the ground, usually backwards. There is a high risk of injury, especially to the head. People with frequent and uncontrolled tonic seizures often wear a helmet or head guard to protect from a head injury.

What is an atonic seizure?

During an atonic seizure, the person will lose consciousness and muscles suddenly lose tone resulting in the body going limp. The person will drop to the ground, often face forward, and there is a risk of injury to the head and face. These seizures are often referred to as drop attacks.

Recovery is usually quick from this type of seizure provided there is no injury. People who have frequent and uncontrolled atonic seizures may sometimes wear a helmet with a faceguard.

What to do if someone has a tonic or atonic seizure

- If the person has injured themselves, call an ambulance if the injuries are beyond first aid. This is particularly important if you suspect the person may have hit their head when falling down.

- If uninjured, provide reassurance and simply stay until the person has fully recovered.

First aid for focal aware seizures

What is a focal aware seizure?

A focal aware seizure used to be known as a simple partial seizure. It affects one area of the brain only. What happens during the seizure depends on which part of the brain is involved.

The person may feel an unusual movement, such as twitching in an arm, or experience a sensation or vision, like seeing strange colours. They may feel 'dreamy', sick, or experience emotions such as fear or anger. These feelings are usually short-lived. People know the seizure is happening but cannot stop it. Focal aware seizures can be unsettling as the person remains fully conscious during the seizure.

Some people get a focal aware seizure as a warning of a bigger seizure to come. This is known as an aura sensation or seizure warning. This warning can allow a person to place themselves in a safer position such as sitting down, to reduce the risk of injury, or call for help.

What to do if someone has a focal aware seizure

- 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.

First aid for focal seizures with impaired awareness

What is a focal seizure with impaired awareness?

A focal seizure with impaired awareness used to be known as a complex partial seizure. It affects a bigger part 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 unresponsive. 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 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 can sometimes be mistaken for being drunk or on drugs. Unlike focal aware seizures, there is always some loss of awareness.

There is a risk of injury depending on what the person was doing at the time before the seizure. If, for example, the person was ironing just before the seizure, they could end up with serious burns injuries as automatic and repetitive movements often kick in during such a seizure.

What to do if someone has a focal seizure with impaired awareness

- Keep the person safe.
- Allow the person to move as long as it is safe to do so. If the person is in danger, for example if they want to cross a busy road while in the seizure, gently steer away from the danger, only hold back if this is necessary to keep the person safe.

- Talk to the person calmly during the seizure.
- Reassure and help reorientate the person after the seizure.

First aid for more complex seizures

We want you to be confident in recognising and dealing with more complex seizure situations. The following information only applies to some people with more complex epilepsy. Most seizures will stop on their own or may only require minimal intervention as outlined above.

In many cases, a person experiencing any of the below situations, may be prescribed emergency medication, which can be administered to stop the seizure.

This medication can be kept at home and comes with a written emergency medication protocol which specifies what to look out for, when to administer emergency medication, how much of the medication to give, and when to call for an ambulance. The protocol also specifies who can give emergency medication.

Serial seizures

Serial seizures are seizures occurring one after another without full recovery in between. Full recovery means a return to full consciousness and normal breathing.

Depending on the type of seizures, especially those that affect breathing, this can become a medical emergency. If there is no prescribed emergency medication or written care plan in place, call an ambulance.

Cluster of seizures

A cluster of seizures is a grouping of seizures which can occur around certain events such as stressful times or during a woman's monthly periods. The person always returns to full consciousness and their breathing returns to normal between each seizure.

Sometimes people are prescribed additional (booster) medication to take around those times when clusters of seizures are more likely.

Always seek medical advice if you or the person you care for experiences a first cluster of seizures.

Please note the term cluster seizures is sometimes used interchangeably with serial seizures as outlined above.

Prolonged seizures and status epilepticus

Prolonged seizures are seizures which last two minutes longer than usual, or five minutes in total if you do not know the person, or do not yet know their seizure pattern.

A prolonged seizure can turn into status epilepticus. This is defined as a seizure which does not stop on its own, or several seizures without any recovery in between.

Status epilepticus is rare and is more likely to happen with uncontrolled seizures. It is more commonly linked to convulsive seizures but can also occur with non-convulsive seizures, which can be more difficult to detect. A medical emergency is more likely to arise with convulsive seizures because they affect breathing.

If you or someone you care for has had one prolonged seizure, a specialist may prescribe emergency medication, which can be given at home to stop the seizure.

If you do not have emergency medication, or the seizure continues despite emergency medication, phone an ambulance.

Status epilepticus, if untreated, can be life threatening or cause permanent brain damage.

Further information

If you want to talk to someone after reading this leaflet, or have further questions, please call our free confidential helpline on 0808 800 2200, email contact@epilepsyscotland.org.uk or private message us on our social media channels.

For enquiries about our emergency medication training or general epilepsy training, contact our office on 0141 427 4911 or email training@epilepsyscotland.org.uk.

Visit our website www.epilepsyscotland.org.uk for more information like this, and follows us on our social media channels.

Our resources are always free. If you would like to support our work please text FACTS to 70085 to donate £3. Texts cost £3 plus one standard rate message.

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