

# Seizure first aid and restricted mobility

This factsheet looks at some of the additional challenges of seizure first aid for someone with a restricted mobility using a wheelchair, splint, hoist or a stair lift. Please also read our [‘First aid for seizures’](#) factsheet for general first aid steps.

Information given in this factsheet can be of a general nature only. Always consult the person’s epilepsy specialist nurse, GP, consultant or occupational therapist to get specific advice and to draw up a detailed care plan taking into account:

- what type of seizure(s) the person has
- how often seizures happen
- if there is a pattern to it, for example a specific time of the day
- whether the person has any seizure triggers
- whether the person has a seizure warning and how this may be communicated, especially if the person is non-verbal
- what happens during the seizure(s)
- how long seizures usually last
- what the usual recovery time is
- specific steps to take when using mobility equipment to prevent injury

The risk of injury can be higher for someone affected by mobility issues. This is because they may experience some loss of bone density, increasing the risk of a fracture if movements are restricted during a convulsive seizure or if the person falls out of a wheelchair or hoist. A loss of strength in muscles, ligaments, and tendons also increases the risk of injury such as a muscle or ligament tear during a seizure.

## Wheelchairs

What support or intervention is required depends very much on the person's type of seizure and circumstances. This should be covered in the person's care plan step by step.

Generally, if the seizure is convulsive, let the movements run freely, if it is safe to do so. Unfasten any restraints around the person's arms, legs, chest or head as restrictions can result in a muscle, ligament or tendon tear, or even a bone fracture.

It may be necessary to leave a waist restraint fastened though as it can stop the person from falling out of their wheelchair during a seizure.

If the wheelchair has a recline function, lowering the back of the chair can offer support to the back of the head to help prevent injury and support the person's airway. This needs to be carefully balanced against a possible risk of choking if there is excess saliva or vomit.

If there is no recline function, or the person is slumped forward, prop them up or elevate them as this can help keep their airway open.

Padding for the wheelchair can also help prevent injury as a result of convulsive seizures.

Always put the wheelchair's brakes on, and only move the chair during a seizure if there is an immediate danger.

It is not always necessary to remove the person from their wheelchair during the recovery phase. This depends on the type of seizure and the person's circumstances and wishes. Always wait until the seizure has completely stopped before helping them onto the floor into the recovery position, but only do this if it is safe to do so and specified in the care plan.

## *Electric Wheelchairs*

If the person uses an electric wheelchair, consider the person being able to accidentally push a button during a seizure making the chair move out of control. Contact the chair's manufacturer to see if this can be made safe to avoid additional risks of injuries from a runaway chair.

## *Wheelchairs and emergency medication*

Some people with epilepsy may need emergency medication to help stop their seizures. This is usually buccal midazolam (administered into the cheek cavity). Occasionally rectal diazepam is prescribed, which is administered into the rectum.

If somebody uses a wheelchair, then they will probably have been prescribed buccal midazolam as this is easier to administer.

However, if you support someone who has been prescribed rectal diazepam, the person's care plan needs to be clear on the steps to take to get the person safely out of a wheelchair during a seizure and into the correct position for the administration of rectal diazepam.

## Splints

Splints are used for a variety of medical conditions such as cerebral palsy, and they help to restrict movement in a particular part of the body. During a seizure, splints may restrict movement and could cause an injury. Always seek advice from the person's occupational therapist, epilepsy specialist nurse or consultant if the splint(s) should be removed during a seizure.

## Hoists

If you support someone who needs a hoist, consider additional risks of injury that might occur if the person has a seizure while in a hoist. Check out the manufacturer's safety information as well as the following:

- What type of seizure does the person have? A tonic-clonic seizure while in a hoist has a much higher risk of injury than a non-convulsive seizure
- Can you safely lower the hoist?
- Are there any objects around that could cause injury?
- Can the hoist be moved during a seizure?

The person's care plan should address seizures while in a hoist and the steps to take to keep the person as safe as possible from injury.

## Stair lifts

Using stair lifts often means a compromise between safety and mobility. The risk assessment should always take individual circumstances into account such as type of seizures, their frequency and pattern, and if the person gets a warning before a seizure.

Incidentally, a chair stair lift (and runner for the lift) used by someone else in the house can be an obstacle on the stairs increasing the risk of injury if the person has a seizure while walking down the stairs.

A waist restraint or full harness may be necessary for some people to stop them from falling out of the chair. However, this may restrain movement during a convulsive seizure causing an injury. The person's care plan will need to be clear on the immediate steps to take depending on the type of seizure.

Some stair lifts are operated by continuously pressing a button to move up and down the stairs as an additional safety measure. If the button is released, for example during a seizure, the chair will stop.

Stair lifts can also be fitted with pressure sensors designed to detect obstacles on the stairs. This could prevent injury if someone fell onto the stairs while the chair was moving.

Always ensure that the stair lift mechanism is enclosed with a panel to reduce the risk of further injury during a fall.

## Further information

For more safety tips download our 'Staying safe with epilepsy guide' from our [website](#), call our helpline on 0808 800 2200 or email [contact@epilepsyscotland.org.uk](mailto:contact@epilepsyscotland.org.uk) for a free copy.

**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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