



Epilepsy Ireland
249 Crumlin Road, Dublin 12
Tel: 01- 4557500
Email: info@epilepsy.ie Web: www.epilepsy.ie

FIRST AID FOR SEIZURES

Major Seizure

At the start of the seizure the person may cry out, usually stiffens and then falls:

Their arms and legs may jerk or twitch. You will not be able to rouse them (and do not try). Seizures mostly last a few minutes, but can sometimes go on for much longer. During the seizure the person will often go blue in the face. There is nothing you can do about this until the seizure is over.

During the Convulsive Seizure DO NOTHING except:

1. Make the person comfortable lying down, put something soft under their head if you can. Only move the person, if they are in a dangerous place like on the road or by a fire.
2. Keep other people away.

DO NOT - put anything into their mouth.
DO NOT - try to rouse the person.

At the end of a seizure:

Twitching will stop: the person usually takes a deep breath, the blue colour goes and they slowly wake up. The person is often muddled and will not know where they are for a short while afterwards. They may well be wet and soiled.

DO - stay with the person: talk to them quietly until you are certain that they can find their way home.

DO NOT - try to wake the person up; let them come to in their own time.
DO NOT - give them anything to drink until you are sure that they are fully awake
DO NOT - send for an ambulance unless one seizure runs into another, or if the person does not wake up after 5 minutes (they may be carrying a card which tells you how long they take to wake up), or if they are having trouble breathing or if they are injured.

If at the end of the seizure they remain blue, or are struggling for a breath.

1. Put your fingers under the angles of their jaw and lift it forward.
2. Put your fingers gently into their mouth and check that their dentures or tongue are not blocking the back of their throat. (Do not do this while they are having a seizure).
3. Roll the person onto their side with chin lifted up

4. Do mouth to mouth resuscitation if the above steps have not worked- this will not be necessary very often.

Other Types of Seizures (Non-Convulsive Seizures)

During the seizure the person may just seem blank and will not be able to speak or answer questions normally. They may act in an odd way like chewing or smacking their lips, say odd unexpected things or for example, fiddle with their clothes or buttons. A person having a minor seizure may appear drunk or drugged or disturbed, but minor seizures may come on suddenly and last only a short time (a few minutes).

During a seizure DO NOTHING except:

1. Gently protect the person from obvious dangers (like wandering in a busy road).
2. Keep other people away
3. Talk to them quietly
4. Remember they may be dazed when they come around
5. Very rarely, they may become agitated. If so do not obstruct the person - they're better left alone. Instead, wait nearby observe closely, intervening only if necessary.

DO NOT try to stop the seizure- you will not succeed

DO NOT send for an ambulance unless the seizure lasts a long time. (In excess of 5 minutes where that is not usual for that person or pattern is unknown)

6. Stay with the person until you are sure they can get home.

At the end of a minor seizure it is not unusual for a person to have a major seizure.

FIRST AID IN SPECIAL CIRCUMSTANCES

SEIZURES IN WHEELCHAIRS AND PUSHCHAIRS - SAFETY

Seizures can occur at any time in any place so it is useful to consider safety issues which may arise in a variety of contexts. Depending on the kind of seizure experienced there may be different symptoms apparent to an observer. Convulsive type episodes with loss of consciousness, unresponsiveness, stiffening of body, limb jerking, laboured breathing are those that give rise to most concern when managing the seizure event. Non convulsive seizures vary considerably from each other - a person may be confused, may wander, experience tremor involving one side of the body, speech may be affected as may consciousness to a greater or lesser degree and there may be more subtle symptoms like auras (déjà vu).

CONVULSIVE SEIZURES IN WHEELCHAIRS/PUSHCHAIRS

If someone begins to have a convulsive seizure whilst seated in a wheelchair or pushchair then the following action is recommended.

Remain calm and monitor the duration of the seizure

Apply the brake and ensure the chair is secure
Don't restrain the person or attempt to stop the seizure
DO NOT put anything into the person's mouth
Wipe away any saliva that may collect around the mouth
Allow the person remain seated in the chair during the seizure - this is safer than moving them which could lead to injury
Move objects that could cause injury to the person
The seat belt or harness should prevent falling from chair. If there is no belt you may need to support (not restrain) the person to prevent them from falling out of the chair.
Cushion the head area by supporting it. A rolled up coat or a cushion will suffice in the absence of a head rest.
At the end of the seizure the person can be moved from the chair and placed in the recovery position if there is concern about their breathing.
There is no need to call an ambulance unless the seizure is prolonged (5 minutes or more), there is injury, it's the first seizure, the person is pregnant or has a complicating medical condition

A SEIZURE IN WATER

If a seizure occurs in water, the person should be supported in the water with the head tilted so his/her face and head stay above the surface. The person should be removed from the water as quickly as possible with the head in this position. Once on dry land, they should be examined and, if they are not breathing, artificial respiration should be begun at once. Anyone who has a seizure in the water should be taken to an emergency room for a careful medical check-up, even if they appear to be fully recovered afterwards. Heart or lung damage from ingestion of water is a possible hazard in such cases.

SEIZURES ON BUSES AND AEROPLANES

Passengers in surrounding seats should be moved where possible to allow space be cleared around the person having the seizure.

Raise the arms of seats to facilitate the person lie lengthways across seats.

Raise trays on backs of seats, remove hot liquids and foods and any objects that could cause injury.

The person should be placed on one side in the recovery position to ensure their breathing continues unobstructed.

Protect the head area with blankets, pillows or rolled up coats.

Place nothing in the mouth.

Do not restrain the person during the seizure.

Following the seizure the person can remain lying on their side until recovered. If there is pressure on seating space they may be eased into a reclining seat to rest (turned to one side) but only if there are no problems with their breathing and the airway is clear.

If the person has vomited during or after the seizure they should not be lifted up or moved onto their back but should remain on their side in the recovery position until recovered.

Monitor the duration of the seizure. Where a seizure exceeds 5 minutes duration this may present a medical emergency and the cabin crew or bus driver need to be informed accordingly. Likewise if the person is pregnant, injured or has a complicating medical condition this may present a medical emergency also.

Is an Emergency Room Visit Needed?

An uncomplicated convulsive seizure in someone who has epilepsy is not a medical emergency, even though it looks like one. It stops naturally after a few minutes without ill effects. The average person is able to continue about his/her business after a rest period, and may need only limited assistance or no assistance at all, in getting home.

However, there are several medical conditions other than epilepsy that can cause seizures. These require immediate medical attention and include:

- diabetes
- poisoning
- brain infections
- hypoglycemia
- heat exhaustion high fever
- pregnancy
- head injury

No Need to call an Ambulance

If medical I.D. jewellery or cards says "epilepsy" - and
If the seizure ends in under 5 minutes - and
If consciousness returns without further incident - and
If there are no signs of injury, physical distress or pregnancy.