

SEIZURE RECOGNITION & FIRST AID

| SEIZURE TYPE | WHAT IT LOOKS LIKE | WHAT IT IS NOT | WHAT TO DO | WHAT NOT TO DO |
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| Absence (Also called Petit Mal) | Blank stare beginning and ending abruptly. • Lasts only a few seconds. • May be accompanied by rapid blinking, chewing movements • Person is unaware of what is happening during the seizure, but quickly returns to full awareness afterwards. • Most common in children. May result in learning difficulties if not recognized and treated. | Daydreaming Lack of attention Deliberate ignoring of instructions | Repeat information missed during the seizure Medical evaluation if no prior history of seizures | |
| Simple Partial | Jerking may begin in one area of the body. • Can't be stopped but the person stays awake and aware. • Jerking may proceed into other areas of the body, and sometimes becomes a convulsive seizure. In partial sensory seizures, person may hear or see things that are not there; feel unexplained fear, sadness, anger or joy; experience nausea, odd smell or "funny feeling" in stomach; have "deja vu" feeling; experience otherwise distorted environment. | Acting out Hysteria Mental or psychosomatic illness Parapsychological or mystical experience | Medical evaluation if no prior history of seizures If seizure becomes convulsive, follow first aid for Generalized Tonic Clonic seizures | Do not restrain the person or try to stop the jerking. |
| Complex Partial (Also called Psychomotor or Temporal Lobe) | Usually starts with blank stare, followed by chewing, followed by random activity. • Person appears unaware of surroundings and may seem dazed. • Person is unresponsive. • Actions are clumsy or misdirected. • May pick at clothing, pick up objects, try to remove clothing. • May struggle or resist restraint. • Once pattern is established, it generally remains the same in successive seizures. Seizures last a few minutes but post-seizure confusion may last much longer. • No memory of what happened during the seizure. | Drunkenness Drug abuse Mental illness Disorderly conduct | Gently guide away from hazards. • Stay until full consciousness returns. • Be calm and reassuring. • If seizure becomes convulsive, follow first aid for Generalized Tonic Clonic seizures. | Do not restrain unless person is in immediate danger. Do not shout. Do not expect verbal instructions to be obeyed. |
| Generalized Tonic Clonic (Also called Grand Mal) | Sudden cry, fall, rigidity, followed by muscle jerks. • Shallow breathing or temporarily suspended breathing, bluish skin, possible loss of bladder or bowel control. • Seizure usually lasts a couple of minutes, with normal breathing resuming. • There may be significant confusion and fatigue before return to full consciousness. | Heart attack Stroke | Time the seizure. • Loosen tight clothing. • Turn person on side. • Call 911 if seizure lasts more than 5 minutes, there is injury, person is pregnant or has diabetes, there is no known history of seizures, person has more than one seizure. | Do not put anything in the mouth. Do not restrain or hold the person down. Do not give food, drink or medication during the seizure. |
| Atonic (Also called Drop Attacks) | Person suddenly collapses and falls. • After 10 seconds to a minute, the person recovers, regains consciousness, and can stand and walk again. | Clumsiness, normal childhood stage, drunkenness, acute illness | Medical evaluation if no prior seizure history. • No first aid necessary unless there is an injury. | |
| Myoclonic | Sudden brief, massive muscle jerks that involve all or part of body. • May cause person to fall. | Clumsiness, poor coordination | Medical evaluation if no prior seizure history. | Do not restrain or try to stop the jerking. |
| Infantile Spasms | Clusters of quick and sudden movements that start between 3 months and 2 years of age. • If the child is sitting, head falls forward; if laying down, knees are drawn up and arms and head flex forward. | Normal movements of a baby. Colic | Medical evaluation if no prior seizure history. | |