

Seizure Recognition and Response



SEIZURE TYPE	WHAT IT LOOKS LIKE	WHAT IT IS NOT	WHAT TO DO	WHAT NOT TO DO
Generalized Tonic Clonic (also called Grand Mal)	Sudden cry, fall, rigidity, followed by muscle jerks, shallow breathing, bluish skin, possible loss of bladder or bowel control, usually last a couple of minutes. Normal breathing then starts again. There may be some confusion and/or fatigue, followed by a return to full consciousness.	Heart attack Stroke	Look for medical identification. Protect from nearby hazards. Loosen ties or shirt collars. Protect from head injury. Turn on side to keep airway clear unless injury exists. Reassure as consciousness returns. If single seizure lasted less than five minutes, ask if hospital evaluation is wanted. If multiple seizures, or if one seizure lasts longer than five minutes, call an ambulance. If person is pregnant, injured or diabetic call for aid at once.	Don't put any hard implement in the mouth. Don't try to hold tongue. Don't try to give liquids during or just after seizure. Don't use artificial respiration unless breathing is absent after muscle jerks subside, or unless water has been inhaled. Don't restrain.
Absence (also called Petit Mal)	A blank stare, beginning and ending abruptly, lasting only a few seconds, most common in children. May be accompanied by rapid blinking, some chewing movements of the mouth. Child or adult is unaware of what's going on during the seizure, but quickly returns to full awareness once it has stopped. May result in learning difficulties if not recognized and treated.	Daydreaming Lack of attention Deliberate ignoring of adult instructions	No first aid necessary, but if this is the first observation of the seizure(s), medical evaluation should be recommended.	
Focal Onset Aware (also called Simple Partial)	Jerking may begin in one area of body, arm leg or face. The jerking can't be stopped but the patient stays awake and aware. Jerking may proceed from one area of the body to another and sometimes spreads to become a convulsive seizure. Partial sensory seizures may not be obvious to an onlooker. Patient experiences a distorted environment. May see or hear things that aren't there, may feel unexplained fear or sadness, anger or joy. May have nausea, experience odd smells, and have a generally "funny" feeling in the stomach.	Acting out Bizarre behavior Hysteria Mental illness Psychosomatic illness Para psychological or mystical experience	No response/first aid is necessary unless seizure becomes convulsive, then first aid as above. No immediate action needed other than reassurance and emotional support. Medical evaluation should be recommended.	
Focal Onset Impaired Awareness (also called Complex Partial)	Usually starts with a blank stare, followed by chewing, followed by random activity. Person appears unaware of surroundings, may seem dazed and mumble. Unresponsive actions, clumsy, not directed. May pick at clothing, pucker up objects, may attempt to take off clothes off. May run, appear afraid, may struggle or flail at restraint. Once pattern is established, same set of actions usually occur with each seizure. Lasts a few minutes, but post-seizure confusion can last substantially longer. No memory of what happened during seizure period.	Drunkenness Intoxication on drugs Mental illness Disorderly conduct	Speak calmly and reassuringly to patient and others. Guide gently away from obvious hazards. Stay with the person until completely aware of environment.	Don't grab hold unless sudden danger (such as cliff edge or an approaching car threatens). Don't try to restrain. Don't shout. Don't expect verbal instructions to be obeyed.
Atonic Seizures (also called Drop Attacks)	A child or adult suddenly collapses and falls. After 10 seconds to a minute he/she recovers, regains consciousness, and can stand and walk again.	Clumsiness Normal childhood "stage" In a child, lack of good walking skills In an adult, drunkenness Acute illness	No response/first aid is needed (unless he/she hurts themselves during the fall), but a child should be given a thorough medical evaluation.	
Myoclonic Seizures	Sudden brief, massive muscle jerks that may involve the whole body or parts of the body. May cause person to spill what they were holding or fall off a chair.	Clumsiness Poor coordination	No response/first aid is needed, but should be given a thorough medical evaluation.	
Infantile Spasms	These are clusters of quick, sudden movements that start between three months and two years of age. If a child is sitting up, the head will fall forward and the arms will flex forward. If lying down, the knees will be drawn up with arms and head flexed forward as if the baby is reaching for support.	Normal movements of the baby Colic	No response/first aid, but doctor should be consulted.	