

## SEIZURE FIRST AID AND RECOGNITION

SEIZURE TYPE	HOW IT LOOKS	WHAT IT IS NOT	WHAT TO DO	WHAT NOT TO DO
Generalized Tonic-Clonic (Grand Mal)	Sudden fall, rigidity, followed by muscle jerks, shallow breathing or temporary cessation of breathing. May be preceded by sudden cry and accompanied by loss of bladder and/or bowel control and bluish lips and/or skin. Usually lasts a minute or two and normal breathing returns followed by confusion and fatigue that may last several minutes or hours.	Heart attack. Stroke.	Protect from nearby hazards. Protect head from injury. Loosen ties or shirt collars. Turn on side to protect airway unless injury exists.  Look for medical ID. As consciousness returns, reassure and ask if medical assistance is desired. If multiple seizures occur or seizure lasts longer than 5 minutes call an ambulance.	Don't put anything in mouth or try to hold tongue. Individual cannot swallow tongue.  Don't give liquids during or just after a seizure.  Don't use artificial respiration unless breathing does not resume after muscle jerks have ended or water has been inhaled.  Don't restrain.
Absence (Petit Mal)	(Most common in children) Blank stare that begins and ends abruptly, lasting only a few seconds, and may be accompanied by rapid blinking or chewing movements. Individual is unaware of what is going on but rapidly returns to awareness once it has stopped. May cause learning difficulties if not recognized and treated.	Daydreaming, lack of attention, intentional ignoring of adults.	No first aid is necessary but the first time this type of seizure is observed, medical evaluation should be recommended.	
Simple Partial (Jacksonian)	Jerking begins in one part of the body (hand, arm, foot, leg, face). It may proceed to other parts of the body (or not) and can become a convulsive seizure.  Partial sensory seizures may not be obvious to the observer. Individual may have distorted perception of his/her environment, may see, hear or smell things that aren't there, may feel unexplained fear, joy, sadness, or anger. May feel nauseated or have a "strange" feeling in his/her stomach.	Behavior problems, hysteria, mental illness, psychosomatic illness, mystical or spiritual experience.	No immediate action other than reassurance and emotional support is needed.  No first aid is necessary unless the seizure proceeds into a convulsive seizure (see above).  Medical evaluation should be recommended.	
Complex Partial (Psychomotor; Temporal Lobe)	Usually starts with a blank stare followed by chewing and/or random activity. Unaware of surroundings, does not respond to directions, may mumble, be dazed, pick at or try to remove clothing or pick up objects. May try to run and/or appear afraid. May struggle or flail at restraint. Same pattern of actions usually occur with each seizure. Lasts a few minutes but post seizure confusion may last longer. Has no memory of what occurred during seizure.	Drunkenness, intoxication with drugs, mental illness, disorderly conduct.	Speak calmly and reassuringly to person having seizure and others in the area.  Guide gently away from obvious hazards.  Stay with individual until he/she is completely aware again.  Offer help to get home.	Don't grab, hold or otherwise restrain except in case of immanent danger (such as traffic, stairs or hot stove).  Don't shout.  Don't expect individual to obey or even respond to verbal instructions.
Atonic Seizures (Drop Attacks)	Sudden collapse or fall. After a few seconds to a minute, consciousness returns and can stand and walk again.	Clumsiness, drunkenness, acute illness.	No first aid needed but medical examination should be done.	
Infantile Spasms	Clusters of quick sudden movements. Starts between 3 months and 2 years.	Normal movements of the body. Colic.	No first aid but doctor needs to be consulted.	