

# Seizure Recognition and First Aid

WHAT IT LOOKS LIKE	WHAT IT IS NOT	WHAT TO DO	WHAT NOT TO DO
<b>Absence</b> (also called Petit Mal)			
<ul style="list-style-type: none"> <li>Blank stare beginning and ending abruptly</li> <li>Last only a few seconds</li> <li>May be accompanied by rapid blinking or chewing movements</li> <li>Person is unaware of what is happening during the seizure, but quickly returns to full awareness afterwards</li> <li>Most common in kids; may result in learning difficulties if not recognized / treated</li> </ul>	<ul style="list-style-type: none"> <li>Daydreaming</li> <li>Lack of attention</li> <li>Deliberate ignoring of instructions</li> </ul>	<ul style="list-style-type: none"> <li>Repeat information missed during the seizure.</li> <li>Medical evaluation if no prior seizures.</li> </ul>	
<b>Simple Partial</b>			
<ul style="list-style-type: none"> <li>Jerking may begin in one area of the body</li> <li>Can't be stopped, but the person stays awake and aware</li> <li>Jerking may proceed into other areas, and sometimes becomes a convulsive seizure</li> <li>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 "déjà vu" feeling; experience otherwise distorted environment</li> </ul>	<ul style="list-style-type: none"> <li>Acting out</li> <li>Hysteria</li> <li>Mental or psychosomatic illness</li> <li>Parapsychological or mystical experience</li> </ul>	<ul style="list-style-type: none"> <li>Medical eval. if no prior seizures</li> <li>If seizure becomes convulsive, follow first aid for Generalize Tonic-Clonic seizures.</li> </ul>	<b>Do not:</b> <ul style="list-style-type: none"> <li>Restrain the person or try to stop the jerking</li> </ul>
<b>Complex Partial</b> (also called Psychomotor or Temporal Lobe)			
<ul style="list-style-type: none"> <li>Usually starts with blank stare, followed by chewing, followed by random activity</li> <li>Person appears unaware of surrounding and may seem dazed; person is unresponsive</li> <li>Actions are clumsy or misdirected</li> <li>May pick at clothing, pick up objects, or try to remove clothing</li> <li>May struggle or resist restraint</li> <li>Once pattern is established, it generally remains the same in successive seizures</li> <li>Seizures last a few minutes but post-seizure confusion may last much longer</li> <li>No memory of what occurred during seizure</li> </ul>	<ul style="list-style-type: none"> <li>Drunkenness</li> <li>Drug abuse</li> <li>Mental illness</li> <li>Disorderly conduct</li> </ul>	<ul style="list-style-type: none"> <li>Gently guide away from hazards</li> <li>Stay until full consciousness returns</li> <li>Be calm and reassuring</li> <li>If seizure becomes convulsive, follow first aid for Generalized Tonic-Clonic seizures</li> </ul>	<b>Do not:</b> <ul style="list-style-type: none"> <li>Restrain unless person is in immediate danger</li> <li>Shout</li> <li>Expect verbal instructions to be obeyed</li> </ul>
<b>Generalized Tonic-Clonic</b> (also called Grand Mal)			
<ul style="list-style-type: none"> <li>Sudden cry, fall, rigidity, and muscle jerks</li> <li>Shallow breathing or temporarily suspended breathing, bluish skin, possible loss of bladder or bowel control</li> <li>Seizure usually lasts a couple of minutes, with normal breathing resuming</li> <li>May be significant confusion and fatigue before return to full consciousness</li> </ul>	<ul style="list-style-type: none"> <li>Heart attack</li> <li>Stroke</li> </ul>	<ul style="list-style-type: none"> <li>Time the seizure</li> <li>Loosen tight clothing</li> <li>Turn person on side</li> <li>Call 911 if seizure lasts &gt;5 mins., person is pregnant or has diabetes, there is injury, there is no known prior seizures, or person has more than one seizure</li> </ul>	<b>Do not:</b> <ul style="list-style-type: none"> <li>Put anything in the mouth</li> <li>Restrain or hold the person down</li> <li>Give food, drink or medication during the seizure</li> </ul>
<b>Atonic</b> (also called "Drop Attacks")			
<ul style="list-style-type: none"> <li>Person suddenly collapses and falls</li> <li>After 10-60 seconds, person recovers, regains consciousness, and can stand / walk</li> </ul>	<ul style="list-style-type: none"> <li>Clumsiness, acute illness, normal childhood stage, drunkenness</li> </ul>	<ul style="list-style-type: none"> <li>Medical evaluation if no prior seizures</li> <li>No first aid unless there is an injury</li> </ul>	
<b>Myoclonic</b>			
<ul style="list-style-type: none"> <li>Sudden brief, massive muscle jerks that involve all or part of body; may cause fall</li> </ul>	<ul style="list-style-type: none"> <li>Clumsiness, poor coordination</li> </ul>	<ul style="list-style-type: none"> <li>Medical evaluation if no prior seizures</li> </ul>	<ul style="list-style-type: none"> <li>Do not restrain or try to stop jerking</li> </ul>
<b>Infantile Spasms</b>			
<ul style="list-style-type: none"> <li>Clusters of quick and sudden movements that start from 3 months and 2 years old</li> <li>If child is sitting, head falls forward; if lying down, knees are drawn up and arms and head flex forward</li> </ul>	<ul style="list-style-type: none"> <li>Normal baby movement</li> <li>Colic</li> </ul>	<ul style="list-style-type: none"> <li>Medical evaluation if no prior seizures</li> </ul>	