# Seizure Recognition and First Aid

<table>
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<tr>
<th>WHAT IT LOOKS LIKE</th>
<th>WHAT IT IS NOT</th>
<th>WHAT TO DO</th>
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## Absence (also called Petit Mal)
- Blank stare beginning and ending abruptly
- Last only a few seconds
- May be accompanied by rapid blinking or chewing movements
- Person is unaware of what is happening during the seizure, but quickly returns to full awareness afterwards
- Most common in kids; may result in learning difficulties if not recognized/treated

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## 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, 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 “déjà vu” feeling; experience otherwise distorted environment

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## Complex Partial (also called Psychomotor or Temporal Lobe)
- Usually starts with blank stare, followed by chewing, followed by random activity
- Person appears unaware of surrounding and may seem dazed; person is unresponsive
- Actions are clumsy or misdirected
- May pick at clothing, pick up objects, or 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 occurred during seizure

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## Generalized Tonic-Clonic (also called Grand Mal)
- Sudden cry, fall, rigidity, and 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
- May be significant confusion and fatigue before return to full consciousness

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## Atonic (also called “Drop Attacks”)
- Person suddenly collapses and falls
- After 10-60 seconds, person recovers, regains consciousness, and can stand/walk

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## Myoclonic
- Sudden brief, massive muscle jerks that involve all or part of body; may cause fall

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## Infantile Spasms
- Clusters of quick and sudden movements that start from 3 months and 2 years old
- If child is sitting, head falls forward; if lying down, knees are drawn up and arms and head flex forward

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1111 9th Street, Suite 370
Des Moines, Iowa 50314
Phone: (515) 238-7660
E-mail: efiowa@efncil.org
Website: www.epilepsyiowa.org

**Seizure Recognition and First Aid**

**WHAT IT LOOKS LIKE**
- Absence (also called Petit Mal)
  - Blank stare beginning and ending abruptly
  - Last only a few seconds
  - May be accompanied by rapid blinking or chewing movements
  - Person is unaware of what is happening during the seizure, but quickly returns to full awareness afterwards
  - Most common in kids; may result in learning difficulties if not recognized/treated

**WHAT IT IS NOT**
- Daydreaming
- Lack of attention
- Deliberate ignoring of instructions

**WHAT TO DO**
- Repeat information missed during the seizure.
- Medical evaluation if no prior seizures.

**WHAT NOT TO DO**
- Do not: Restrain the person or try to stop the jerking.

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**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, 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 “déjà vu” feeling; experience otherwise distorted environment

**WHAT TO DO**
- Medical eval. if no prior seizures.
- If seizure becomes convulsive, follow first aid for Generalized Tonic-Clonic seizures.

**WHAT NOT TO DO**
- Do not: Restrain unless person is in immediate danger.
- Shout.
- Expect verbal instructions to be obeyed.

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- Usually starts with blank stare, followed by chewing, followed by random activity
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- May pick at clothing, pick up objects, or try to remove clothing
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- 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 occurred during seizure

**WHAT TO DO**
- 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.

**WHAT NOT TO DO**
- Do not: Restrain unless person is in immediate danger.
- Shout.
- Expect verbal instructions to be obeyed.

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**Generalized Tonic-Clonic (also called Grand Mal)**
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- 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
- May be significant confusion and fatigue before return to full consciousness

**WHAT TO DO**
- Time the seizure.
- Loosen tight clothing.
- Turn person on side.
- Call 911 if seizure lasts >5 mins., person is pregnant or has diabetes, there is injury, there is no known prior seizures, or person has more than one seizure.

**WHAT NOT TO DO**
- Do not: Put anything in the mouth.
- Restrain or hold the person down.
- Give food, drink or medication during the seizure.

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**Atonic (also called “Drop Attacks”)**
- Person suddenly collapses and falls
- After 10-60 seconds, person recovers, regains consciousness, and can stand/walk

**WHAT TO DO**
- Clumsiness, acute illness, normal childhood stage, drunkenness
- Medical evaluation if no prior seizures.
- No first aid unless there is an injury.

**WHAT NOT TO DO**
- Do not: Restrain or try to stop jerking.

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**Myoclonic**
- Sudden brief, massive muscle jerks that involve all or part of body; may cause fall

**WHAT TO DO**
- Clumsiness, poor coordination
- Medical evaluation if no prior seizures.

**WHAT NOT TO DO**
- Do not restrain or try to stop jerking.

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**Infantile Spasms**
- Clusters of quick and sudden movements that start from 3 months and 2 years old
- If child is sitting, head falls forward; if lying down, knees are drawn up and arms and head flex forward

**WHAT TO DO**
- Normal baby movement
- Colic
- Medical evaluation if no prior seizures.

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