

First Aid for Seizures

(Complex partial, psychomotor, temporal lobe)

1. Recognize common symptoms




2. Follow first-aid steps



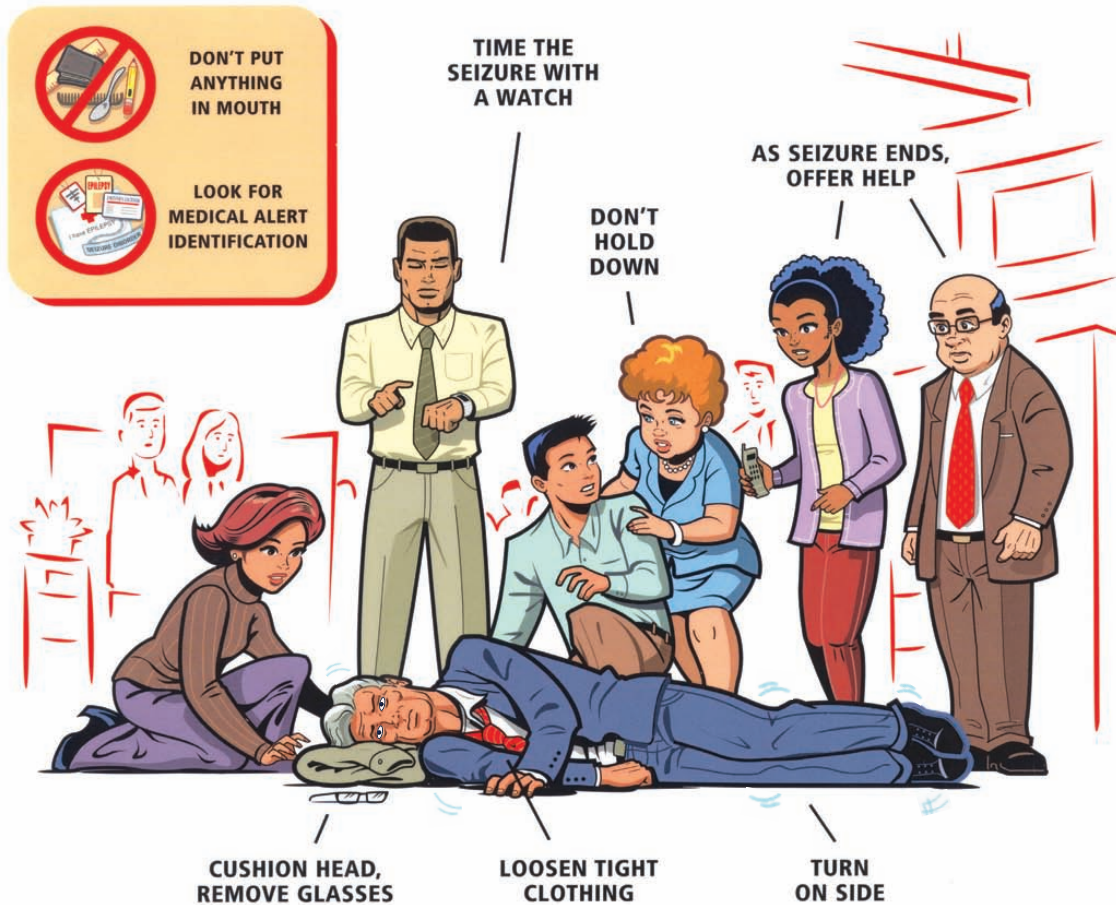
People who've had this type of seizure should be fully conscious and aware before being left on their own. Make sure they know the date, where they are, and where

they're going next. Confusion may last longer than the seizure itself and may be hazardous. If full awareness does not return, call for medical assistance.

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First Aid for Seizures

(Convulsive, generalized tonic-clonic, grand mal)




Most seizures in people with epilepsy are not medical emergencies. They end after a minute or two without harm and usually do not require a trip to the emergency room.

But sometimes there are good reasons to call for emergency help. A seizure in someone who does not have epilepsy could be a sign of a serious illness.

Other reasons to call an ambulance include:

- A seizure that lasts more than 5 minutes
- No "epilepsy" or "seizure disorder" identification
- Slow recovery, a second seizure, or difficulty breathing afterwards
- Pregnancy or other medical diagnosis
- Any signs of injury or sickness

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Primeros auxilios para convulsiones

(Crisis parciales complejas, psicomotrices, de lóbulo temporal)

1. Reconocer los síntomas comunes



MIRADA PERDIDA



MASTICACIÓN



MOVIMIENTOS TORPES



CAMINAR SIN RUMBO



TEMBLORES



HABLA CONFUSA

2. Seguir los pasos de primeros auxilios

MEDIR LA DURACIÓN DE LA CONVULSIÓN



HABLAR CON CALMA



NO SUJETAR NI AGARRAR



EXPLICAR A OTROS

LE ESTA DANDO UNA CONVULSION.



BLOQUEAR LOS PELIGROS



Antes de que se les pueda dejar solas, las personas que han tenido este tipo de convulsión deben estar completamente conscientes y haber recobrado el conocimiento. Asegúrese de que sepan la fecha,

dónde están y adónde se dirigen. La confusión puede ser peligrosa porque a veces dura más que la convulsión propiamente. Si la persona no recobra el conocimiento por completo, solicite asistencia médica.

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Primeros auxilios para convulsiones

(Convulsiones tonicoclónicas generalizadas)



La mayoría de las convulsiones que acontecen a las personas con epilepsia no constituyen emergencias médicas. Generalmente duran sólo uno o dos minutos sin causar daños y no suelen requerir una visita a la sala de emergencias.

Sin embargo, a veces existen buenas razones para solicitar ayuda de emergencia. En personas que no tienen epilepsia, una convulsión podría ser señal de enfermedad grave.

Otras razones para llamar a una ambulancia:

- La convulsión dura más de 5 minutos
- No se localiza una identificación que asiente: epilepsia o trastorno convulsivo
- Recuperación lenta, una segunda convulsión o dificultad para respirar después de la crisis
- Embarazo u otro diagnóstico médico
- Cualquier señal de lesión o enfermedad

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General Information About Seizures and Epilepsy



What is epilepsy? Epilepsy is a word used to describe seizures that happen more than once.

What causes epilepsy? Doctors don't always know what causes epilepsy, but it can be due to brain damage, tumors, a problem in how the brain was formed or after a brain infection like meningitis or encephalitis. Sometimes it runs in the family. Often, there is no clear cause for the seizures.

What happens during a seizure? Our brains are made up of billions of cells that make electrical energy that runs our bodies and helps us think, feel and move. When there is too much electrical energy or something goes wrong in the brain, it can cause the body to have a seizure.

What does a seizure look like? There are different kinds of seizures depending on which part of the brain is affected. They can be noticeable shaking or convulsions, a change in behavior and/or fainting. A seizure is not a medical emergency unless it lasts longer than five minutes.

Partial Seizures	What Happens
Simple Partial Seizures	Tingling, movement or a strange feeling in the body (stomachache, bad smell, bad taste in the mouth, sweating, flushing or hearing things) are signs of a simple partial seizure. This type of seizure does not cause fainting or loss of consciousness.
Complex Partial Seizures May become a Generalized Seizure	A flashing light, a strange taste or smell, or strange feelings in the body may be a sign that a seizure is starting. During the seizure, the child may appear dazed, nervous or stare. The child may also act confused or move around without going anywhere. When it's over, he/she may be confused or not remember what just happened.
Generalized Seizures	What Happens
Generalized Tonic-Clonic Seizures (formerly "Grand Mal")	The child falls and can't talk or control his or her body. The body becomes stiff then jerking. The child may cry out, but the seizure itself does not hurt. The child may bite his or her tongue or have a bathroom accident.
Absence Seizure (formerly "Petit Mal")	A brief loss of awareness lasting less than 15 seconds stops whatever they are doing but does not cause him or her to fall. The child may appear to be daydreaming, blink eyes or have facial twitching. Hundreds of seizures a day are possible.
Myoclonic Seizures	This kind of seizure causes quick muscle jerks or twitches that appear as a shock-like movement. They may happen once or several times.

Can a child with epilepsy do everything other kids can do? A seizure can happen any time, so a child must always be protected, especially around water, activities where falling could hurt the child or driving. Be ready with these safety rules:

- Swim with a life jacket, take showers instead of baths and leave the bathroom door open or unlocked.
- Always wear helmets and safety gear when skating or riding bikes or horses.
- Only climb things shorter than 10 feet, including ladders and trees.
- All driving, including ATVs, is prohibited unless there have been no seizures for at least six months.
- Risks with activities and sports should be carefully considered and discussed with your doctor.

Where can I learn more? In addition to your doctor, the Epilepsy Foundation is a great resource: www.eftx.org

Living With Seizures: Be Ready and Have Fun



Kids with seizures can have a normal, happy childhood and adolescence. A seizure can happen at any time, but that fear shouldn't interfere with fun.

Simple precautions can keep your child safe and help him/her enjoy nearly all his/her favorite things. Your child should be treated just like anyone else as long as their needs are met.

- Talk to friends, family, babysitters, teachers and caregivers about seizures, and make sure they know what to do in case one happens. Encourage them to ask questions.
- Let your child choose a medical identity bracelet.
- Notice any changes in behavior. Some medications can cause depression, drowsiness and changes in appearance.
- If going out alone, tell your child to call or text when he/she arrives and when they leave to come home.

WATER SAFETY

A child can quickly drown if he/she has a seizure in the bath or while swimming. Some simple precautions can protect your child in case of a seizure.

- Wear a life jacket while swimming or near water.
- Showers are safer than baths. A device can be added to control the water temperature and prevent scalding.
- Leave bathroom doors unlocked.

SPORTS & OUTDOORS

Games and activities are an important part of growing up, and kids that have seizures should take part in the fun as long as it's safe. Carefully compare the benefits of any activity to the risk of injury, and talk to your doctor.

- Rough sports, like football or hockey, where the child could be injured are often advised against by doctors.
- Always wear safety gear. That includes skating of any kind, bike riding and horseback riding. Some places (crowded areas or steep hills) and conditions (night time, rain or ice) may make these activities off limits.
- Talk to the teammates and coaches about the seizures, so everyone knows what can happen and what to do.

ILLNESS

A child is more likely to have a seizure when when he/she is sick, especially with a high fever (over 100.5°F) or when a fever is rising. Some special attention can help make seizures less likely to happen.

- Tell your doctor about any seizure medication your child is taking, and continue giving the seizure medication as prescribed. Do not double up or give more than you are told.
- Provide the right amount of fever-reducing medication such as acetaminophen or ibuprofen for 24-48 hours. This is listed on the product package.
- Use cough and cold medicine very carefully. Avoid antihistamines if possible. Use the lowest dose recommended possible for over-the-counter, non-prescription medications.
- Help your child rest; offer some comfy pillows and activities to keep them entertained while in bed or lying on the couch.
- Keep a glass of cold water or fruit juice nearby where your child is resting so he/she will drink lots of fluids. A fun straw may encourage him/her to take a sip more often.