

SHEFFIELD CHILDREN'S NHS FOUNDATION TRUST

SEIZURE MANAGEMENT – ADVICE FOR PARENTS/CARERS

Many people find it frightening to see a child having a major seizure; although it may be difficult try to remain calm, the majority of seizures do not cause any harm and the advice given below will reduce any risk and aid recovery.

WHAT TO DO DEPENDS ON THE TYPE OF SEIZURE:

ABSENCE SEIZURES - these can often be overlooked by parents or teachers, as they may be mistaken for day dreaming. If a child has absence seizures no action is needed. Simply wait for the seizure to pass and then repeat any information the child may have missed. If you can, make a note of the number of absences the child has during a day so that this information can be given to the doctor.

FOCAL SEIZURES - occur when only a part of the brain is involved during a seizure. The symptoms will usually, but not always, be limited to one side of the body. During a focal seizure a child may experience jerking movements, odd sensations or feel afraid or anxious. Some children may appear rather dazed or confused and be unable to communicate properly or may wander around and repeat strange purposeless movements.

Once again simply wait for the seizure to pass. Do not try to stop any movements but do talk to the child gently if they are upset or afraid. Guide the child away from danger if necessary and reassure them that the seizure will pass.

It is possible for some children to progress from a focal seizure to a tonic/clonic seizure (see below).

DROP SEIZURES - some children may have as the most obvious feature of their epilepsy a sudden drop or fall to the ground. The child may be stiff or floppy when they fall. Recovery is usually quick although it is possible for a child to injure himself/herself during a drop seizure. A protective helmet may be necessary for children who have very frequent drop seizures.

TONIC / CLONIC SEIZURES - are major convulsive seizures, the type that most people would recognise as seizures. At the start of the seizure the child may cry out, then stiffen and fall to the ground. The arms and legs will jerk or twitch and the child may go quite blue in the face. It is also possible for a child to be incontinent or bite their tongue during this type of seizure.

DURING A TONIC/CLONIC SEIZURE THERE ARE SOME THINGS YOU SHOULD DO AND SOME THINGS YOU SHOULD NOT DO.

DO Note the time the seizure started.
Protect the child from injury; remove any objects near the child against which they might injure themselves.
Cushion the head with something soft or cradle the head in your hands.
Place the child on their side in the recovery position as soon as possible.

DO NOT: Put anything in the child's mouth.
Do not worry if the child bites their tongue, this will soon heal.
Attempt to move the child unless they are in a dangerous place.
Try to restrain the child's movements or rouse them from the seizure.

When a tonic clonic seizure stops the child will usually take a deep breath and their colour will return to normal. If the child needs to sleep following the seizure allow them to do so and to recover in their own time. **MAKE SURE THE CHILD IS ON THEIR SIDE IN THE RECOVERY POSITION.** The most important thing you can do is to stay with a child and reassure them when they have recovered.

REMEMBER - MOST SEIZURES WILL STOP ON THEIR OWN AFTER A FEW MINUTES WITH NO FURTHER ACTION. A SHORT SEIZURE WILL NOT HARM A CHILD. IF A SEIZURE BECOMES PROLONGED – MORE THAN 30 MINUTES – THERE MAY BE AN INCREASED RISK THAT A CHILD MAY COME TO HARM; THEREFORE, WE LIKE TO TREAT LONGER SEIZURES PROMPTLY.

For this reason, for some children with a history of longer seizures, the doctor may prescribe emergency medication (rectal diazepam or buccal midazolam) to be given to a child if they have a prolonged seizure. The doctor will give instructions to be followed for the use of the medication and the epilepsy nurse will be able to explain how it should be given to a child.

WHEN IS IT NECESSARY TO GET MEDICAL HELP?

THE FOLLOWING ADVICE APPLIES TO CHILDREN WHO MAY HAVE A TONIC CLONIC SEIZURE AND WHO HAVE NOT BEEN PRESCRIBED RECTAL DIAZEPAM /BUCCAL MIDAZOLAM. (Parents/carers who are using rectal diazepam/buccal midazolam should follow the advice in the protocol that they have been given.)

If the TWITCHING/JERKING part of a TONIC CLONIC seizure continues for longer than 5 minutes.

OR

If one tonic clonic seizure follows another WITHOUT THE CHILD REGAINING CONSCIOUSNESS IN BETWEEN.

OR

If the child hurts themselves badly when falling during the seizure.

**YOU SHOULD CALL AN AMBULANCE (999)
AND GET MEDICAL HELP**

THE RECOVERY POSITION

This position ensures:

- that an unconscious child maintains an open airway
- that the tongue cannot fall to the back of the throat
- that the head and neck remain in an extended position so that the air passage is widened
- any saliva or vomit in the child's mouth will drain freely



The position of the child's limbs provides the necessary stability to keep the body propped in a safe and comfortable position.

NB: BABIES SHOULD BE POSITIONED ON THEIR SIDE.

This advice for the management of seizures has been reviewed (31.3.04) by:

Dr C Rittey	Consultant Paediatric Neurologist
Dr P Baxter	Consultant Paediatric Neurologist
Barbara Warden	Epilepsy Liaison Nurse
Pippa Hall	Epilepsy Outreach Nurse

Information Leaflet number:

Author/Contact:



Patient Advice and Liaison Team
Sheffield Children's NHS Foundation Trust
Western Bank
Sheffield
S10 2TH

Tel: 0114 271 7594

Trust web site address: <http://www.sch.nhs.uk>

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Barbara Warden



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