

TONIC CLONIC SEIZURE

With a tonic-clonic seizure a person's body goes stiff all over and they fall to the ground unconscious (this is called the tonic phase). After a short time they start strong, rhythmic shaking movements (this is called the clonic phase). They may dribble from the mouth, go blue or red in the face, or lose control of their bladder or bowel. The seizure normally stops after a minute or two.

- 1 **Remain with the person and remain calm.**
 - 2 **Note the time.**
 - 3 **Protect them from injury** - remove any hard objects from the area. Place something soft under their head. Loosen any tight clothing.
 - 4 **Turn them on their side** - as soon as it is possible to do so, to assist with breathing.
- **Do not restrain the person's movements.**
 - **Do not force anything into the mouth.**
 - **Offer support and reassurance after the seizure.**
 - **Allow the person to rest until they have fully recovered.**



COMPLEX PARTIAL SEIZURE

Non convulsive with outward signs of confusion, unresponsiveness or inappropriate behaviour. Can be mistake for alcohol or drug intoxication.

1. **Remain with person** – stay calm. Talk calmly and in a reassuring manner to the person.
2. **Note the time.**
3. **Protect them from injury.**
4. **Guide them gently to keep them safe.**

Do not restrain the person.

Help reorientate the person after the seizure has finished.

ABSENCE SEIZURE

Mostly affects children, non convulsive and consists of brief periods of loss of awareness. Can be mistaken for day dreaming.

This type of seizure does not usually require any first aid.

1. Reassure the person when the seizure has finished.
2. Repeat any information they may have missed.

CALL AN AMBULANCE - 000

- ✓ When the seizure activity itself lasts more than 5 minutes.
- ✓ When the person has lost consciousness for 5 minutes or more.
- ✓ Another seizure starts shortly after the first one finishes.
- ✓ Where the person has sustained an injury.
- ✓ Where you know or believe it to be the person's first seizure.
- ✓ If the seizure has occurred in water.
- ✓ If you know the person has diabetes or is pregnant.
- ✓ The person has not begun to recover from a complex partial seizure in 10 – 15 minutes.
- ✓ You arrive after the seizure has started.
- ✓ If there is food, drink or vomit in mouth during seizure.
- ✓ If you are in any doubt.

Epilepsy Australia National Helpline – 1300 852 853

Epilepsy Tasmania - North: 6336 5148 Epilepsy Tasmania - South: 6234 6967 Epilepsy Tasmania - North West: 6431 7848

The above is intended to provide basic general information for the general public about epilepsy and does not constitute medical advice. The information is made available as a guide only on the understanding that Epilepsy Australia Ltd shall have no liability arising by reason of any person using or relying on the information and whether caused by reason of any error, negligent act, omission or misrepresentation in the information or otherwise.

WHEEL CHAIR FIRST AID



If someone starts to have a seizure while:
 Confined in a **wheelchair**
 Seated on a **bus, train or tram**
 Strapped in a **pram or stroller**

Stay Calm, Stop and Observe.

Don't try to stop the seizure.

Don't put anything in the person's mouth.

Don't try to remove them from their position - in most cases the seat provides some support.

If there is food, water or vomit in their mouth, the person will need to be removed from their seat and rolled on their side immediately.

If this does not apply use the guidelines outlined below.

During a seizure

- Protect the person by preventing them from falling if there is no seat belt.
- Make sure the wheelchair or the stroller is secure.
- Protect the person by supporting their head. Something soft under the head will help if there is no moulded head-rest.
- Check whether you need to move any hard objects that might hurt arms and legs in particular.
- Sometimes they may need to be taken out of the chair at the end of the seizure if the airway is blocked.

Consciousness usually returns within a few minutes. Reassure the person and tell them what has happened.

FIRST AID FOR SEIZURES OCCURRING IN WATER

Absence and partial seizures

Emergency action is not normally necessary, but care needs to be taken that the person does not go under the water.

Protect the person from danger.

After they have recovered they may need to get out of the water as they sometimes feel confused and need to rest.

Tonic clonic seizures

- Support the person having the seizure so that the head and face stay above the water.
- Make sure the head is tilted back to keep the airway clear.
- Keep the person away from the sides of a pool to avoid injury from hitting against them during the seizure.
- Get the person out of the water as quickly as possible and place them on their side.
- Check the person's airway and pulse.
- Give CPR if necessary.



- **Get emergency medical assistance.**

ANYONE WHO HAS HAD ANY SEIZURE IN WATER MAY HAVE INGESTED LARGE QUANTITIES OF FLUID. EVEN IF BREATHING STARTS AGAIN AND THE PERSON SEEMS TO HAVE RECOVERED, WATER MAY HAVE BEEN INHALED INTO THE LUNGS.

A medical check-up in all such cases is vital, since this condition can be life-threatening.

- If a seizure happens out of the water during swimming activity, the person should not continue with swimming or water sports that day, even if the person appears to be fully recovered.

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