

# Seizure Recognition and First Aid

SEIZURE TYPE	WHAT IT LOOKS LIKE	WHAT IT IS NOT	WHAT TO DO	WHAT NOT TO DO
<b>Generalized Tonic Clonic</b> (Previously called Grand Mal)	Sudden cry, fall, rigidity, followed by muscle jerks, shallow breathing or temporarily suspended breathing, bluish skin, possible loss of bladder or bowel control, usually lasts a couple of minutes. Normal breathing then starts again. There may be some confusion and/or fatigue, followed by return to full consciousness.	Heart attack. Stroke.	Look for medical identification. Protect from nearby hazards. Loosen ties or shirt collars. Protect head from injury. Turn on side to keep airway clear unless injury exists. Reassure as consciousness returns. If single seizure lasted less than 5 minutes, ask if hospital evaluation wanted. If multiple seizures, or if one seizure lasts longer than 5 minutes, call an ambulance. If person is pregnant, injured, or diabetic, call for aid at once.	Don't put any hard implement in the mouth. Don't try to hold the tongue. It can't be swallowed. Don't try to give liquids during or just after a seizure. Don't use artificial respiration unless breathing is absent after muscle jerks subside, or unless water has been inhaled. Don't restrain.
<b>Absence</b> (Previously called Petit Mal)	A blank stare, beginning and ending abruptly, lasting only a few seconds, most common in children. May be accompanied by rapid blinking, some chewing movements of the mouth. Child or adult is unaware of what's going on during the seizure, but quickly returns to full awareness once it has stopped. May result in learning difficulties if not recognized and treated.	Daydreaming. Lack of attention. Deliberate ignoring of adult instructions.	No first aid necessary, but if this is the first observation of the seizure(s), medical evaluation should be recommended.	
<b>Simple Partial</b>	Jerking may begin in one area of body, arm, leg, or face. Can't be stopped, but patient stays awake and aware. Jerking may proceed from one area of the body to another, and sometimes spreads to become a convulsive seizure.  Partial sensory seizures may not be obvious to an onlooker. Patient experiences a distorted environment. May see or hear things that aren't there, may feel unexplained fear, sadness, anger, or joy. May have nausea, experience odd smells, and have a generally "funny" feeling in the stomach.	Acting out, bizarre behavior.  Hysteria. Mental illness. Psychosomatic illness. Parapsychological or mystical experience.	No first aid necessary unless seizure becomes convulsive, then first aid as above.  No immediate action needed other than reassurance and emotional support. Medical evaluation should be recommended.	
<b>Complex Partial</b> (Also called Psychomotor or Temporal Lobe)	Usually starts with blank stare, followed by chewing, followed by random activity. Person appears unaware of surroundings, may seem dazed and mumble. Unresponsive. Actions clumsy, not directed. May pick at clothing, pick up objects, try to take clothes off. May run, appear afraid. May struggle or flail at restraint. Once pattern established, same set of actions usually occur with each seizure. Lasts a few minutes, but post-seizure confusion can last substantially longer. No memory of what happened during seizure period.	Drunkenness. Intoxication on drugs. Mental illness. Disorderly conduct.	Speak calmly and reassuringly to patient and others. Guide gently away from obvious hazards. Stay with person until completely aware of environment. Offer to help getting home.	Don't grab hold unless sudden danger (such as a cliff edge or an approaching car) threatens. Don't try to restrain. Don't shout. Don't expect verbal instructions to be obeyed.
<b>Atonic Seizures</b> (Also called Drop Attacks)	A child or adult suddenly collapses and falls. After ten seconds to a minute he recovers, regains consciousness, and can stand and walk again.	Clumsiness. Normal childhood "stage." In a child, lack of good walking skills. In an adult, drunkenness, acute illness.	No first aid needed (unless he hurt himself as he fell), but the person should be given a thorough medical evaluation.	
<b>Myoclonic Seizures</b>	Sudden brief, massive muscle jerks that may involve the whole body or parts of the body. May cause person to spill what they were holding or fall off a chair.	Clumsiness. Poor coordination.	No first aid needed, but should be given a thorough medical evaluation.	
<b>Infantile Spasms</b>	These are clusters of quick, sudden movements that start between three months and two years. If a child is sitting up, the head will fall forward, and the arms will flex forward. If lying down, the knees will be drawn up, with arms and head flexed forward as if the baby is reaching for support.	Normal movements of the baby. Colic.	No first aid, but doctor should be consulted.	