

## Things to Remember

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When you see someone having a seizure, do not be frightened.

### Remain calm and remember:

- If a person starts to bleed from the mouth, they have probably bitten the tongue and are most likely not bleeding for any other reason. This can be taken care of after the seizure ends.
- During a seizure, a person often stops breathing for only a few seconds.
- Most seizures last only 1-2 minutes, although the person may be confused for some time afterward.
- The brain almost always stops the seizures safely and naturally.
- Once a seizure has started, you cannot stop it — just let it run its course.
- Only in emergencies, doctors use drugs to bring a non-stop seizure to an end.
- People don't feel pain during a seizure, although muscles might be sore afterward.
- Seizures are usually not life threatening, but the risk is increased in seniors by extra strain on the heart, the possibility of injury, or reduced intake of oxygen.
- Seizures are not dangerous to others.

## Emergency Signs

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Call an ambulance or drive to the hospital if you notice any of these warning signals during and/or after a seizure.

- A seizure lasts longer than 5 minutes or starts again after a few minutes. This could be *status epilepticus*, which requires immediate assistance.
- The person feels any unusual pain after the seizure. This can be a symptom of seizure-related injury. Seniors may be bruised or have broken bones if they have fallen on a hard object.
- The person has hit their head during the seizure.
- The person experiences laboured breathing or chest pain.
- You see any serious burns on the body.
- Consciousness does not return after the seizure.
- Pupils of the eyes are different sizes or dilated (bigger) after the seizure.
- Confusion after a seizure is always common, but if the person feels confused for more than an hour after a seizure, call for help.

## Seek emergency help

if you notice any of these symptoms. They could be adverse effects of an antiepileptic drug (AED).

- Allergic reactions
- Rashes
- Rapid eye movement when awake
- Drunken or sloppy gait

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## When calling for help

### Be prepared to give the following information:

- The type of emergency. (ie. *status epilepticus* or an injury due to a seizure)
- Your name
- The address or location and main intersection
- The telephone number you are calling from
- Remember, an emergency call (911) from a pay phone is free.

### Before the ambulance arrives

- Be aware of anything which could cause further injury. Put out any fires. Turn off or remove exposed sources of electricity. Warn oncoming traffic.
- Remove the person in need from smoke, water, or poison gas. Generally, do not move the patient unless life is threatened.
- Do not try to perform standard first aid for injuries such as burns and broken bones, unless you are certified to do so. Ask the 911 operator for assistance.
- Clear a path to the patient: move furniture and unlock doors.
- Have someone ready to meet the ambulance, if possible.
- Be sure your house number is clearly visible from the street and turn on the outside lights at night.
- If you live in an apartment, try to meet the ambulance at the lobby door and have the elevator ready.
- Remember: emergency personnel must find you in order to help you.

## When the Ambulance Arrives

- STAY CALM - give clear information. You may want to write the information on a piece of paper.
- Be prepared to answer the following questions related to the patient's condition:
  - consciousness
  - breathing
  - bleeding
  - how long the seizure lasted
  - changes in seizure activity
  - seizure type
  - injuries

### For more information, contact your local chapter:



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# First Aid *for* Seizures

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## Non-Convulsive Seizures

### **Absence Seizures**

- No first aid is required.
- Reassure the person.

### **Simple Partial Seizures**

- No first aid is required.
- Reassure the person.

### **Complex Partial Seizures**

- Do not restrain the person.
- Protect the person from injury by moving sharp or hot objects away.
- If wandering occurs, stay with the person, gently guide them away from potential danger and talk quietly.

## Convulsive Seizures

In all types of seizures, the goal is to protect the person from harm until full awareness returns. If you are living with or caring for someone with a seizure disorder who has other medical problems, check with the doctor about how to respond when a seizure happens. Find out whether the doctor wants to be notified every time or just in certain circumstances. Ask whether or when you should call an ambulance and if there are any special warning signals that you should watch for. Also note the general rule:

### **The less done to a person during a relatively brief seizure, the better.**

#### **1. Keep Calm.**

Seizures may appear frightening to the onlooker.

They usually last only a few minutes and generally do not require medical attention.

Remember that the person having a seizure may be unaware of their actions and may or may not hear you.

#### **2. Protect from further injury.**

If necessary, ease the person to the floor.

Move any hard, sharp or hot objects well away.

Protect the person's head and body from injury.

Loosen any tight neckwear.

#### **3. Do not restrain the person.**

If danger threatens, gently guide the person away.

Agitation during seizure episodes is common.

Trying to restrain or grabbing hold of someone having a seizure is likely to make the agitation worse and may trigger an instinctive aggressive response.

#### **4. Do not insert anything in the mouth.**

The person is not going to swallow the tongue.

Attempting to force open the mouth may break the teeth or cause other oral injuries.

#### **5. Roll the person on their side after the seizure subsides.**

This enables saliva to flow from the mouth, helping to ensure an open air passage.

If there is vomit, keep the person on their side and clear out their mouth with your finger.

#### **6. Talk gently to the person.**

After any type of seizure, comfort and reassure the person to assist them in reorienting themselves. The person may need to rest or sleep. If the person wanders, stay with them and talk gently to them.

### **If a seizure lasts longer than 5 minutes, or repeats without full recovery ~ SEEK MEDICAL ASSISTANCE IMMEDIATELY.**

Although this rarely occurs, status epilepticus is life-threatening. It is a serious medical emergency.

#### **Check for a MedicAlert™ bracelet or other medical ID.**

The bracelet or necklet may indicate the seizure type and any medication the person is taking. If you call the MedicAlert hotline, an operator can direct you in your first aid procedures and may direct you to call any emergency contacts and physicians listed in that member's file.

#### **If a child experiences a seizure, notify the parents or guardians**

## Persons in Wheelchairs

For someone having a tonic-clonic seizure in a wheelchair

### **During the Seizure**

- Keep calm and let the seizure run its course.
- Hold up the wheelchair and ensure the brakes are on to protect the person from injury.
- Do not put anything in the person's mouth.
- Remove anything from the area that may cause injury or could be a hazard to someone who is temporarily unaware of their location or actions.

### **After the Seizure**

- Set the wheelchair to a "partial recline" position (not "full recline").
- Gently turn the person's head to the side to let the saliva flow out of the mouth.
- Let the person rest or sleep if it is needed.
- Be reassuring, comforting and calm as awareness returns.

## Water Precautions

### **While in the water**

- Turn the person face up.
- Support the face out of the water.
- Tilt the head back to keep the airway clear.
- Get the person out of the water as soon as possible.

### **Once out of the water**

- Place the person on their side.
- Check to see if the person is breathing.
- If the person is not breathing, begin resuscitation promptly.
- Call an ambulance immediately. This is essential.

### **After the emergency**

- Ensure that the person has a medical check-up promptly. (Inhaling or swallowing water may cause medical problems.)

**Between 1 & 2% of the population has epilepsy.**

That's as many as 248,000 people in Ontario

**As many as 1 in 10 persons will experience a seizure at some time in their life.**

**Do you know what to do to help?**