first aid

What to do if someone has a seizure
3 are all seizures the same?
4 focal (partial) seizures
6 generalised seizures
10 when to call for help
11 status epilepticus
12 seizures and dental injuries
13 how else can I help?
14 what do I need to know?
15 the recovery position

This symbol means further information is available.

Call us for a large print version

Epilepsy Society is grateful to Oral Health Promotion for their information about oral and dental considerations for epilepsy.

helpline
01494 601 400
Monday to Friday 9am to 4pm, Wednesday 9am to 8pm. National call rate.
what to do if someone has a seizure

Managing seizures is often very simple: keeping the person safe from harm and staying with them as they recover afterwards.

Knowing how to help someone during and after a seizure may help you to feel more confident if a seizure happens. How you can best help someone depends on the type of seizure they have, and what happens to them.

If it is someone you know, they may have told you how you can help them, or you might like to ask them how you can help. If it is someone you don’t know, or you don’t know about their epilepsy, this leaflet gives some simple steps for how to help during and after a seizure.

These are general guidelines. If you are unsure about anything in this leaflet, you might like to call our epilepsy helpline.

See opposite for contact details.

are all seizures the same?

There are different types of epileptic seizures, and how a seizure affects one person might be different from how it affects someone else.

• Some people have seizures while they are awake (‘awake’ seizures). Some have seizures while they are asleep (‘asleep’ or ‘nocturnal’ seizures). These names do not describe the type of seizure, just when they happen.
• Some people have more than one type of seizure.
• Most seizures happen suddenly and without warning, last a short time (seconds or minutes) and stop by themselves.
• Although people can be injured during a seizure, most don’t hurt themselves and don’t usually need to go to hospital or see a doctor.

See page 10 for when to call for help.

• There are two main types of seizure: focal (or partial) and generalised seizures.

See our leaflet seizures.

The following pages describe different types of seizures and what you can do to help someone who is having these seizures.

focal (partial) seizures

Focal seizures start in, and affect, part of the brain: either a large part or just one small area. What happens during the seizure depends on where in the brain the seizure happens and what that part of the brain normally does.

Simple focal seizures

In simple focal seizures (SFS) a small part of the brain is affected. The person is conscious (aware and alert) and usually knows that the seizure is happening. A SFS could be an unusual smell or taste, a twitching of an arm or hand, a strange ‘rising’ feeling in the stomach, or a sudden feeling of joy or fear.
**How to help**

- As the person might feel strange or be upset, reassuring them might be helpful.

**Complex focal seizures**

Complex focal seizures (CFS) affect more of the brain than simple focal seizures. The person’s consciousness is affected and they may be confused and not know what they are doing. They may wander around, behave strangely, pick up objects or make chewing movements with their mouth. Afterwards they may be confused for a while or need to sleep. CFS can last a few seconds or a few minutes.

**How to help**

- Do not restrain the person as this might upset or confuse them.
- Gently guide them away from any danger, for example from walking into the road.
- Speak gently and calmly as they may be confused. If you speak loudly or grab them they might not understand, and get upset or respond aggressively.

**After the seizure**

- They may feel tired and want to sleep. It might be helpful to remind them of where they are.
- Stay with them until they recover and can safely return to what they had been doing before.

Some people recover quickly but others may take longer to feel back to normal again.
Secondarily generalised seizures

Sometimes a focal seizure spreads to affect both sides of the brain. This is called a secondarily generalised seizure as it starts as a focal seizure and then becomes generalised. Some people call the focal seizure an ‘aura’ or ‘warning’ as it warns them that another seizure may follow. When this happens the person will usually have a tonic clonic seizure (see page 8).

How to help

• If you or the person is aware of the warning, they may need help to get to a safe place before the generalised seizure happens.

generalised seizures

Generalised seizures affect both sides of the brain at once and happen without warning. The person usually becomes unconscious and will not remember the seizure afterwards.

Absences (sometimes called petit mal)

During an absence the person becomes unconscious for a short time. They may look blank and stare, and will not respond to what is happening around them. If they are walking they may carry on walking, but will not be aware of what they are doing.

How to help

• Stay with the person and gently guide them away from any danger.
Tonic and atonic seizures

In a tonic seizure the person’s muscles suddenly become stiff. If they are standing they often fall backwards, and may injure the back of their head. In an atonic seizure (or ‘drop attack’) the person’s muscles suddenly relax and become floppy. If they are standing they often fall forwards, and may injure their head or face. Both seizures are brief and happen without warning. Most people usually recover quickly.

How to help

- Reassuring them may be helpful. If they are injured they may need medical help.

Myoclonic seizures

Myoclonic means ‘muscle jerk’, and these seizures involve jerking of a limb or part of a limb. They often happen shortly after waking up, and are brief and can happen in clusters (many happening close together in time).

How to help

- You don’t need to do anything to help during the seizure other than make sure that the person has not hurt themselves.
Tonic clonic and clonic (convulsive) seizures

During a **tonic clonic** seizure the person goes stiff (‘tonic’ phase), usually falls to the ground, and shakes or has jerking movements (convulsions or ‘clonic’ phase). Their breathing may be affected and they may go pale or blue, particularly around their mouth. They may also bite their tongue. Some people have **clonic** seizures without going stiff to start with.

Although it can be frightening to see, this is not **usually** a medical emergency. Usually, once the convulsions have stopped, the person recovers and their breathing goes back to normal.

*How to help during the seizure*

- Try to stay calm.
- Check the time to see how long the seizure goes on for (see page 11 for why this is important).
- Only move the person if they are in a dangerous place, for example in the road. Instead, move any objects, such as furniture, away from them so that they don’t hurt themselves.
- Put something soft (such as a jumper) under their head, or cup their head in your hands, to stop it hitting the ground.
- Do not restrain them or hold them down – allow the seizure to happen.
- Do not put anything in their mouth – they will not swallow their tongue.
- Try to stop other people crowding around.
How to help once the shaking stops

• Roll them on to their side into the recovery position (see page 15).

• If their breathing sounds difficult or noisy, gently open their mouth to check that nothing is blocking their airway.

• Wipe away any spit from their mouth.

• Try to minimise any embarrassment. If they have wet themselves deal with this as privately as possible (for example, put a coat over them).

• Stay with them until they have fully recovered. They may need some gentle reassurance.
when to call for help

Usually when a person has a tonic clonic seizure there is no need to call an ambulance. However, always call 999 for an ambulance if:

- it is the person’s first seizure;
- they have injured themselves badly;
- they have trouble breathing after the seizure has stopped;
- one seizure immediately follows another with no recovery in between;
- the seizure lasts two minutes longer than is usual for them; or
- the seizure lasts for more than five minutes and you do not know how long their seizures usually last.

Some people recover quickly from a tonic clonic seizure but often they will be very tired, want to sleep and may not feel back to normal for several hours or sometimes days.
status epilepticus

A person’s seizures usually last the same length of time each time they happen, and stop by themselves. However, sometimes seizures do not stop, or one seizure follows another without the person recovering in between. If this goes on for 30 minutes or more it is called ‘status epilepticus’, or ‘status’.

Status is not common, but can happen in any type of seizure and the person may need to see a doctor.

Status in a tonic clonic (convulsive) seizure is a medical emergency and the person will need urgent medical help. It is important to call for an ambulance before the seizure goes on too long. Do not wait until the seizure has lasted 30 minutes before calling for an ambulance.

See opposite for when to call an ambulance.

Some people are prescribed emergency medication, either buccal midazolam or rectal diazepam, to stop their seizures. Carers need training in giving emergency medication. It is important to have an individualised written protocol (plan) about when to give it, for the carer to follow.

See our booklets on buccal midazolam or rectal diazepam.
seizures and dental injuries

Although most people do not hurt themselves during a seizure, sometimes seizures can cause injuries. If someone falls in a seizure they may loosen or crack a tooth, and will probably need to see a dentist quickly so that the tooth can be repositioned or repaired.

If someone knocks out a tooth, some quick action may mean that the tooth can be saved and replaced, if you feel confident to help.

Only do this if the person is otherwise well enough after the seizure.

What you can do to help

- Try to find the tooth. Pick it up by the crown and do not touch the root.
- If the tooth is dirty, clean it by rinsing it in milk or running it under water. Do not scrub it.
- Put the tooth back into the socket as quickly as possible.
- Ask the person to bite down on a clean tissue or handkerchief to keep the tooth in place.
- The person should see a dentist as soon as possible.
- If you are not able to put the tooth back in its socket, keep it wet either by putting it in some milk or the person could keep it in their mouth (for example between their cheek and gum).
how else can I help?

People are often not fully aware during a seizure, and may not know what happens. If you see a seizure, noting down what happened can help to identify the type of seizure someone has. It can be useful to think about the following.

- Where was the person and what were they doing before the seizure?
- How was their mood (were they excited, anxious or quiet)?
- Did anything seem to set off (trigger) the seizure? Did they feel tired, hungry or unwell?
- Did they have any strange sensations, such as an odd taste or unusual feeling?
- Did they look blank, stare, or lose consciousness?
- Did they do anything unusual (mumble, wander around or seem confused)?
- Did their colour change (become pale or flushed)? If so, where (their face or lips)?
- Did their breathing change (become noisy or look difficult)?
- Did they fall down, or go stiff or floppy?
- Did their body move? If so, how?
- Did they bite their tongue or cheek? Or wet themselves?
- How long did the seizure last?
- How were they after? Did they need to sleep? How long before they were ‘back to normal’?
what do I need to know?

If you know someone with epilepsy, you might like to ask them about their seizures so that you can help them if they have a seizure.

• What type of seizure do they have, and what happens during them?
• How long do their seizures normally last?
• How often do they usually have seizures? Some people note this in a seizure diary.

Contact us for a free seizure diary, or visit www.epilepsysociety.org.uk/app to download our app which includes a seizure diary.

See our factsheet recording seizures.

• Are their seizures triggered (set off) by anything, such as stress or tiredness?
• Do they go into status or need emergency medication (see page 11)?
• How long does it take for them to recover after a seizure (as this varies from person to person)?
• Do they take anti-epileptic drugs and when?
• Do they have a medical ID card or jewellery that says how to help during a seizure?

Contact us for a free ‘I have epilepsy’ card or see our factsheet medical ID cards and jewellery.

Every effort is made to ensure that all information is correct. Please note that information is intended for a UK audience and may change after printing. This information is not a substitute for advice from your own doctors. Epilepsy Society is not responsible for any actions taken as a result of using this information.
Putting someone into the recovery position.

- Place the arm nearest you at a right angle to their body, with the palm facing upwards.

- Lift their other arm across their body putting the back of their hand against their cheek nearest you. Hold it there with your hand.

- With your other hand, lift the knee furthest from you, and pull it upwards so that their leg is bent and their foot is flat on the floor.

- Still keeping their hand against their cheek, pull the bent knee towards you. This will roll them onto their side. Keep the knee bent and position this leg at a right angle to their body.

- Make sure their airway is open: gently tilt their head back and lift their chin. Check their mouth to see that nothing is blocking their throat and that they are breathing OK.

- Stay with them. If you are not happy with how they are recovering, or are concerned for any reason, call 999 for an ambulance.

See our factsheet the recovery position or our video at www.youtube.com/epilepsysociety
cares
A full life for everyone affected by epilepsy.

listens
confidential helpline 01494 601 400
Monday to Friday 9am to 4pm, Wednesday 9am to 8pm. National call rate. Information and emotional support.

informs
Website, leaflets, DVDs – call 01494 601 392.

connects
Forum, app, Facebook, Twitter and YouTube. Volunteer, become a member, fundraise.

educates
Awareness, training for professionals.

researches
Pioneering medical research.

campaigns
Shaping the future of epilepsy.

understands
Medical and care services.

Epilepsy Society
Chesham Lane, Chalfont St Peter, Bucks SL9 0RJ
01494 601 300

©Epilepsy Society September 2015
Epilepsy Society is the working name of The National Society for Epilepsy registered charity no. 206186