



# First aid

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01494 601 400.**

## **What to do if someone has a seizure**

Managing seizures is often simple: keeping the person safe from harm and staying with them as they fully 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 on 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. 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 people 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 a help.**

- There are two main types of seizure: focal seizures and generalised seizures.

**For more information on seizure types visit [epilepsysociety.org.uk/seizure-types](http://epilepsysociety.org.uk/seizure-types)**

The following pages describe different types of seizures and what you can do to help.

## **Focal 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.

### **Focal aware seizures (previously simple partial seizures)**

During a focal aware seizure the person is conscious (aware and alert) and usually knows that the seizure is happening. A focal aware seizure 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 intense joy or fear.

### *How to help*

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

### **Focal impaired awareness seizures (previously complex partial seizures)**

Focal impaired awareness seizures affect more of the brain than focal aware 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. These seizures 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 may 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 fully recover and can safely return to what they had been doing before the seizure.

- Some people recover quickly, but others may take longer to feel back to normal again.

### **Focal to bilateral tonic clonic seizures (previously secondarily generalised seizures)**

Sometimes a focal seizure spreads to affect both sides of the brain. This is called a focal to bilateral tonic clonic seizure. Some people call the focal seizure an 'aura' or 'warning', as it warns them that a tonic clonic seizure may follow (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 tonic clonic 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.

### **Absence seizures**

During an absence seizure 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, usually 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, usually 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, 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 seizures**

During a tonic clonic seizure the person goes stiff ('tonic' phase), usually falls to the ground, and shakes or has jerking movements ('clonic' phase). Their breathing may be affected, and they may go pale or blue, particularly around their mouth. They may also bite their tongue or cheek. 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 movements have stopped, the person recovers and their breathing goes back to normal.

### *How to help*





- Try to stay calm.
- Check the time to see how long the seizure lasts (see page 10 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 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.
- Look for medical jewellery or an ID card for information about what to do.
- Do not 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.

### *After the seizure*

- Gently roll them on to their side into the recovery position (see page 14).
- 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 completely recovered. They may need gentle reassurance.

- Do not give them anything to eat or drink until you are sure that they have fully recovered.

## **When to call an ambulance**

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

- you know 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
- you do not know how long their seizures 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 follows another without the person recovering in-between. If this goes on for five 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 seizure is a medical emergency** and the person will need urgent medical help. Status can cause brain damage or even death. It is important to call 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 for the person to have their own written protocol (plan) about when to give it, for the carer to follow.

**Epilepsy Society provides training on emergency medication. For more information on our training, email [ES.Training@epilepsysociety.org.uk](mailto:ES.Training@epilepsysociety.org.uk) or visit [epilepsysociety.org.uk/training-courses-epilepsy](https://epilepsysociety.org.uk/training-courses-epilepsy)**

## **Seizures and dental injuries**

Although most people do not usually 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, and you feel confident to help, some quick action may mean that the tooth can be saved and replaced.

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

### *How 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, try to keep it wet, if possible by putting it in some milk.

[Visit \*\*nhs.uk/conditions/knocked-out-tooth\*\*](https://www.nhs.uk/conditions/knocked-out-tooth)

## **If someone uses a wheelchair**

Usually, a person with epilepsy will have a care plan. The care plan will advise how to help the person if they use a wheelchair and have a seizure, and how to help once the seizure has stopped. If you can't find the care plan, here is some general information about what to do if someone has a seizure while using their wheelchair.

### *How to help*

- Put the wheelchair brakes on.
- Do not try to restrain them or put anything in their mouth.
- Do not try to move them, unless their care plan says to do so. Moving them could cause injury to either you or the person having the seizure.
- Let them stay sitting in the wheelchair and, if they are wearing a harness or seatbelt, keep it fastened. If they are not wearing a harness or seatbelt, try to gently support them in the wheelchair to avoid them falling.
- Try to support or cushion the person's head, perhaps with a rolled up jumper or a head rest if there is one.
- Do not try to bring them round or give them anything to eat or drink until you are sure that they have completely recovered.

## **If someone is in the water**

### **Focal and absence seizures**

#### *How to help*

- Hold their head above the water level or guide them away from deep water. Once they have recovered, they may feel confused or need to rest.

## Tonic clonic seizures

### *How to help*

- If possible, keep the person's face out of the water by gently tilting their head.
- Call out to the lifeguard for help and try to move the person to more shallow water.
- Once they are out of the water, try to cushion their head.
- Do not restrain them or put anything in their mouth. They will not swallow their tongue.
- When the seizure has stopped, place them in the recovery position and keep them warm.
- Stay with them until they have fully recovered.

### **When to call an ambulance**

- see page 10; and
  - if they have inhaled or swallowed any water.
- [Visit \*\*epilepsysociety.org.uk/water-sports-and-epilepsy\*\*](https://www.epilepsysociety.org.uk/water-sports-and-epilepsy)

### **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.

**Visit [epilepsysociety.org.uk/recovery-position](https://www.epilepsysociety.org.uk/recovery-position)**



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## Helpline

**01494 601 400**

**[helpline@epilepsysociety.org.uk](mailto:helpline@epilepsysociety.org.uk)**

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