

Tip Sheets

Seizures



When someone has epilepsy, the normal pattern of electrical impulses in the brain may be interrupted by intermittent bursts of electrical energy that are much more intense than

usual. They may affect a person's consciousness, bodily movements or sensations for a short time. A person with Epilepsy may have a seizure which will affect their awareness, movement, or sensation.

Types of Seizures

Absence (previously called Petit Mal)

Absence seizures produce momentary loss of awareness, sometimes accompanied by movements of the face, blinking or arm movements. These may be frequent. The child immediately returns to full awareness after one of these episodes.

Simple Partial

Consciousness is not lost, though the child may not be able to control body movements.

Complex Partial

Complex partial seizures may include behavior in which consciousness is clouded. The child may get up and walk around, be unresponsive to spoken direction or respond inappropriately, may mutter, and may appear to be sleepwalking. This seizure may last only a minute or two, and the child may be confused for some time.

Generalized Tonic-Clonic (previously Grand Mal)

These seizures are convulsions in which the body stiffens and/or jerks. The child may cry out, fall unconscious and then continue massive jerking movements. Bladder and bowel control may be lost. Seizures usually last a minute or two. The child may be confused and tired when they "wake up."

Other Generalized Seizures

Other generalized seizures such as akinetic, atonic and myoclonic produce sudden changes in muscle tone that may cause the child to fall abruptly or jerk the whole body. A child with this kind of seizure may have to wear a helmet to protect the head. These seizures are more difficult to control than some of the others.

Controlling Seizures

Seizures are controlled with medication, maintaining regular sleep cycles, avoiding unusual stress, and in some cases, surgery or a special diet.

Responding to a Seizure

- Keep calm. Reassure the other children that the child will be fine in a minute.
- Ease the child gently to the floor and clear the area of anything that could hurt them.

DON'T try to force the child's mouth open.
DON'T try to hold on to the child's tongue.
DON'T put anything in the child's mouth.
DON'T restrain the child's movements.

- Put something flat and soft (like a folded jacket) under the child's head so it will not bang against the floor as the child's body jerks.
- Turn the child gently onto his/her side. This keeps the airway clear and allows any fluid in the mouth to drain harmlessly away.
- When the jerking movements stop, let the child rest until full consciousness returns.
- Breathing may have been shallow during the seizure, and may even have stopped briefly. This can give the child's lips or skin a bluish tinge, which corrects naturally as the seizure ends. In the unlikely event that breathing does not begin again, check the child's airway for any obstruction. It is rarely necessary to give artificial respiration.
- Time the onset of the seizure until it subsides.
- Track all seizure activity information on a Seizure Tracking Sheet.
- Follow an ER plan as necessary.

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