



Section 5 – Living with epilepsy

What to do when your child has a seizure

Many parents say that seeing their child having their first seizure was a terrifying experience and they thought their child was going to die.

Perhaps the most difficult thing for a parent watching their child have a tonic-clonic seizure is the fact there is very little that they can, or should, do.

- Keep calm. This is not always easy, but it is very important, especially when your child is recovering from the seizure and is looking to you for reassurance.
- Maintain your child's dignity and privacy as much as possible.

Try to prevent physical injury

- If your child has a warning (aura), try and get them to sit, or lie down so as to reduce the risk of injury.
- Try to remove your child from any danger such as sharp edges, hot pipes, traffic etc. If moving them is not possible, leave them where they are and try to move the object or protect them.
- Put something soft under your child's head to protect from banging. If you have nothing available to use, cradle your child's head in your hands or on your lap.

During the seizure:

- Note the time the seizure started.
- Do not restrain your child's movements.
- Protect the airway.
- Loosen tight clothes around the neck.
- Wipe away excess saliva.
- Stay with your child until the seizure stops.
- Never put anything (including your fingers) in your child's mouth.
- Let the seizure run its course.
- When the jerking has stopped, roll your child onto their side.
- Note the time the seizure stopped.

Only call an ambulance:

- If the seizure lasts 2 minutes longer than is usual for your child.
- If the seizure lasts longer than 5 minutes.
- If your child has continuous seizures without regaining consciousness in between.
- If there is slow recovery or breathing problems after the seizure.
- If your child has been injured whilst having the seizure.
- If your child is having repeated seizures, more than is usual for your child.

Status epilepticus

A seizure is not normally a medical emergency and the vast majority of seizures are self-limiting. However on occasions a medical emergency known as status epilepticus could occur.

Status epilepticus is:

- Any seizure involving unconsciousness lasting for 30 minutes or longer.

or

- Repeated seizures lasting for 30 minutes in total from which the person does not regain consciousness between each seizure.

This is a medical emergency. Although any type of seizure may develop into status epilepticus, generalised tonic clonic seizures progressing into status epilepticus are the most serious.

If your child has a history of having prolonged seizures, emergency medication will have been prescribed. This can be given rectally or via the buccal route (the area in the mouth between the cheek and the gums). The longer your child has been having a seizure, the harder it is to stop. It is therefore usually a good idea to treat a generalised seizure after five minutes. An action plan should be agreed between your child's physician and you, so that you know what to do in an emergency such as this. Once a plan has been established, you will be shown how to give the medication that has been prescribed.

Seizure triggers

Sometimes parents may discover certain things that make their child's seizures more likely to occur. These are known as 'triggers', and can include situations such as your child:

- Becoming ill.
- Having a fever.
- Becoming overtired.
- Becoming bored.
- Being stressed.
- Becoming excited.
- Menstruating.
- Taking alcohol or recreational drugs.
- Having changes in medication, or failing to take it.
- Watching flickering lights (this is rare - see photosensitive epilepsy in Section 1).

