

The logo for Young Epilepsy, featuring a teal star outline to the left of the text "Young Epilepsy" in a bold, purple, sans-serif font.

## Primary school teachers' guide

Better futures for  
young lives with epilepsy  
[youngepilepsy.org.uk](http://youngepilepsy.org.uk)

## **Primary school teachers' guide for Young Epilepsy teaching resources**

Young Epilepsy is the national charity working exclusively on behalf of children and young people with epilepsy. With over 100 years experience, we are a leading provider of specialist health and education services. The charity offers support, information, training for health, social care and education professionals and campaigns to improve access to, and quality of, health and education services.

Part of our work involves raising awareness of childhood epilepsy and associated issues to school staff and pupils. To help schools teach pupils about epilepsy, we have produced a range of assembly and lesson resources. There are also several additional worksheets and activities, which can be used as alternative options to those in the lesson plans.

The purpose of this guide is to:

- give you some background about epilepsy
- explain what teaching resources are available
- provide suggested answers for activities.

### **Background about epilepsy**

- Epilepsy is the most common neurological disorder in childhood.
- 112,000 children and young people aged 25 and under have epilepsy in the UK. 63,400 of these are aged 18 and under.
- Epilepsy can be inherited, or it can have a structural or metabolic cause.
- People with epilepsy experience seizures, which are a random burst of electrical activity in the brain.
- Seizures disrupt the way the brain works and can alter a child's level of consciousness, behaviour and/or feelings for a short period of time.
- There are more than 40 different types of seizures, differing in their duration and the effect they have on the individual.
- Most seizures occur suddenly, often without warning.
- Although children may have more than one type of seizure, they usually look the same each time.
- Epilepsy is not always a lifelong condition, 75% of children either grow out of their epilepsy, or have their seizures well controlled by antiepileptic medication. However, for some, epilepsy is a condition which may bring with it complex learning, emotional and behavioural difficulties.
- Antiepileptic drugs can lead to side effects such as drowsiness and lethargy.
- Up to half the children with epilepsy in the UK may be under achieving at school.
- There is a stigma which leaves many young people battling low self esteem, bullying and a lack of understanding from both peers and adults.
- Epilepsy is considered a disability and is covered by the Equality Act 2010. This Act makes it unlawful to discriminate against disabled people.
- Epilepsy need not be a barrier to taking part in most school activities and trips if it is well managed.

For more information about epilepsy and what we do, please visit our website:

[youngepilepsy.org.uk](http://youngepilepsy.org.uk).

## KS2 Lesson and assembly

Title	Learning objectives	Young Epilepsy resources (on our website)*
<b>Primary Epilepsy awareness assembly</b>	<ol style="list-style-type: none"> <li>1. To introduce epilepsy as a medical condition.</li> <li>2. To introduce seizures as the result of the electrical messages in the brain getting muddled for a short time.</li> <li>3. To emphasise that seizures can look very different but that we can all help to keep someone safe if they need our help.</li> <li>4. To reinforce that children with epilepsy can join in activities and that there are always people around us to keep everybody safe.</li> </ol>	<p>Required:</p> <ul style="list-style-type: none"> <li>• Primary Epilepsy awareness assembly - plan</li> <li>• Primary Epilepsy awareness assembly - presentation</li> <li>• Brain function pictures (one set printed on A3)</li> </ul>
<b>KS2 Epilepsy awareness and first aid lesson</b>	<ol style="list-style-type: none"> <li>1. To raise awareness of epilepsy and the different types of seizures.</li> <li>2. To use modelling to reinforce the idea that seizures are the result of electrical messages becoming muddled in the brain.</li> <li>3. To know how to keep someone safe when they have a seizure.</li> <li>4. To begin to appreciate how their behaviour might affect someone with epilepsy.</li> </ol>	<p>Required:</p> <ul style="list-style-type: none"> <li>• KS2 Epilepsy awareness and first aid lesson - plan</li> <li>• KS2 Epilepsy awareness and first aid lesson - presentation</li> </ul> <p><i>Optional:</i></p> <ul style="list-style-type: none"> <li>• KS2 Brain function presentation</li> <li>• KS2 Blank seizure first aid cartoon</li> <li>• KS2 Seizure first aid cartoon – How to help</li> <li>• KS2 Seizure first aid cartoon – Cut and stick</li> </ul>

\* Please check the individual lesson and assembly plans for the details of any resources you may need to provide.

## KS2 Additional worksheets and activities

Activity	Focus	Brief description
<b>KS2 Brain function presentation</b>	<ul style="list-style-type: none"> <li>Brain function</li> </ul>	This presentation shows images of functions the brain controls in the body. Discussing brain function can help pupils understand the range of symptoms observed as a result of seizures.
<b>KS2 Blank seizure first aid cartoon</b>	<ul style="list-style-type: none"> <li>First aid</li> </ul>	This cartoon illustrates six pupils helping a friend who is having a seizure. This could be displayed on the IWB or distributed to pupils for discussion and/or labelling of what each pupil is doing to help and why.
<b>KS2 Seizure first aid cartoon - How to help</b>	<ul style="list-style-type: none"> <li>First aid</li> </ul>	This worksheet illustrates a seizure first aid cartoon with six pupils helping a friend who is having a seizure. Pupils are required to describe what each of the numbered pupils is doing to help and, if they can, explain why.
<b>KS2 Seizure first aid cartoon - Cut and stick</b>	<ul style="list-style-type: none"> <li>First aid</li> </ul>	This worksheet illustrates a seizure first aid cartoon with six pupils helping a friend who is having a seizure. Pupils are required to cut out the labels provided and match them to the correct number on the cartoon to describe what each pupil is doing to help.
<b>Epilepsy seizure first aid: DO or DON'T?</b>	<ul style="list-style-type: none"> <li>First aid</li> </ul>	This worksheet asks pupils to look at ten pictures and decide if each one shows something people DO or DON'T do to help someone who is having a seizure. A table is provided for their answers. It can be useful to do this activity before they have learnt about seizure first aid (i.e. in pencil) and then make changes afterwards.
<b>Epilepsy seizure first aid: DO or DON'T and why?</b>	<ul style="list-style-type: none"> <li>First aid</li> </ul>	This worksheet asks pupils to look at ten pictures and decide if each one shows something people DO or DON'T do to help someone who is having a seizure. A table is provided for their answers.
<b>Epilepsy seizure first aid: DO or DON'T card sort</b>	<ul style="list-style-type: none"> <li>First aid</li> </ul>	This worksheet asks pupils to cut out ten pictures and sort them into two piles - one containing pictures that show things people DO to help someone who is having a seizure, and another for the pictures that show things they DON'T do. This could be done individually or in groups. Can be useful to do this activity before they have learnt

Activity	Focus	Brief description
		about seizure first aid and then they could make changes afterwards.
<b>KS2 Staying safe</b>	<ul style="list-style-type: none"> <li>• Safety</li> <li>• Inclusion</li> </ul>	The aim of this activity is to emphasise that children with epilepsy can carry on doing most activities as long as they are sensible and take safety precautions. The worksheet asks them to answer questions about cycling, climbing and playing football and how we can make them safer for someone with epilepsy. Pupils are also asked if they agree or disagree with opinions about whether it is safe for a child with epilepsy to play football.
<b>Epilepsy and sport – Concept cartoon</b>	<ul style="list-style-type: none"> <li>• Safety</li> <li>• Inclusion</li> </ul>	This is a concept cartoon about whether it is safe for children with epilepsy to play sports or not. Four different points of view are provided for discussion in groups or as a whole class.
<b>Epilepsy research</b>	<ul style="list-style-type: none"> <li>• General awareness</li> <li>• IT skills</li> </ul>	This sheet contains a table with questions about epilepsy that can be filled in electronically using information researched on the internet or from other sources of information. Pupils could then use this information to make a presentation or leaflet.
<b>KS2 Epilepsy problem page</b>	<ul style="list-style-type: none"> <li>• First aid</li> <li>• Psychosocial impact</li> <li>• Literacy</li> </ul>	This sheet has four problem page entries about some of the issues young people with epilepsy, their friends and family may have. Pupils will need to use what they have learned about epilepsy to offer support and advice. The problems could be discussed in groups or it could be done as a longer written activity or homework.
<b>KS2 Epilepsy problem page answers</b>	<ul style="list-style-type: none"> <li>• First aid</li> <li>• Psychosocial impact</li> </ul>	These sheets contain model answers for the problem page entries on the KS2 Epilepsy problem page worksheet. These answers are not exhaustive and pupils will more than likely come up with additional ideas.
<b>KS2 Matching pairs</b>	<ul style="list-style-type: none"> <li>• General awareness</li> </ul>	This sheet has thirteen statements about epilepsy. Pupils are asked to cut out the numbered statements and match each one to the correct lettered answer from the 'Matching pairs – answers' worksheet.

Activity	Focus	Brief description
<b>KS2 Matching pairs – answers</b>	<ul style="list-style-type: none"> <li>• General awareness</li> </ul>	<p>This sheet contains the answers that match the epilepsy statements on the ‘Matching pairs’ worksheet. Pupils are asked to cut out the answers and match them to the correct numbered epilepsy statement.</p>
<b>Epilepsy wordsearch</b>	<ul style="list-style-type: none"> <li>• General awareness</li> <li>• Literacy</li> </ul>	<p>A word search containing fifteen key words associated with epilepsy.</p>
<b>Epilepsy crossword</b>	<ul style="list-style-type: none"> <li>• General awareness</li> <li>• Literacy</li> </ul>	<p>A cross word with fourteen clues about key words and facts associated with epilepsy.</p>
<b>KS2 Epilepsy quiz</b>	<ul style="list-style-type: none"> <li>• General awareness</li> </ul>	<p>This worksheet contains sixteen multiple choice questions about epilepsy. The quiz could be completed individually, or in groups and is best done after the Primary Epilepsy awareness lesson. Alternatively, pupils could use the internet or other resources to research the answers without having had prior teaching.</p>

## Answers for KS2 additional worksheets and activities

### KS2 Seizure first aid cartoon activities



Number	What is the person doing?	Why are they doing it?
1	<b>Time the seizure</b>	<p>Waiting for something can seem to take ages and five minutes is a long time. Knowing when the seizure started and how long it has lasted helps keep this in perspective and stops you panicking.</p> <p>Shaking for a long time is very exhausting (like running round the playground lots of times) so emergency medication can be given to stop the seizure if it goes on too long. Ambulances have this medication so will be called after five minutes. Some children have this medication at school already.</p>
2	<b>Tell an adult</b>	<p>There are always lots of adults around at school. Don't leave the child having a seizure on their own because other people might not know what is going on. Send someone else to go and get the adult or shout/use your mobile phone if no one is around.</p>
3	<b>Put something soft under their head</b>	<p>The ground is hard so the head needs to be protected from injury. A cushion or pillow for the head is not always available so anything else soft will do e.g. jumper, coat. If there isn't anything, you can use your hands or lap but you must not hold the person; just let their head bang onto you instead of the ground.</p>

Number	What is the person doing?	Why are they doing it?
4	<b>Keep the area safe</b>	<p>Schools in particular can be very busy places. If people do not know someone is having a seizure, they could accidentally tread on the person. Therefore, people may need to go about their business using a different route e.g. if the child has had the seizure in a corridor or is blocking doors or steps.</p> <p>If it happens in the school playground, there is the added risk of things like footballs or people running around. Hence, it is useful if someone takes responsibility for keeping the area around the person safe.</p>
5	<b>Moving things out of the way</b>	<p>During a seizure the person will not be in any pain because no messages are being read in the brain, but their body could still be injured and this will hurt when the seizure has passed and the brain is working properly again. If objects cannot be moved out of the way, put something soft there to cushion the banging in the same way as protecting the head from the hard ground.</p> <p>The person should only be moved as a last resort. Muscles are working hard during a seizure and moving them may cause injury to them or the helper.</p>
6	<b>Speak calmly and reassure</b>	<p>As seizures happen suddenly, the person can be quite confused afterwards. Hearing is often the first sense to return to normal so it is reassuring if they hear a calm voice telling them what has happened.</p>

### Epilepsy seizure first aid: DO or DON'T activities

Picture	DO or DON'T?	Explanation
<b>Call an ambulance immediately</b>	DO	Shaking for a long time is very exhausting (like running round the playground lots of times) and so emergency medication can be given to stop a tonic clonic seizure if it goes on too long. Ambulances have this medication and will be called if a tonic clonic seizure has not stopped after five minutes.
<b>Panic</b>	DON'T	When we panic, we do not think clearly and so are not in the best position to help somebody. Knowing what to expect and how to help will mean we feel more prepared if something happens and less likely to panic.

Picture	DO or DON'T?	Explanation
<b>Put something soft under the person's head</b>	DO	The ground is hard so the head needs to be protected from injury. A cushion or pillow for the head is not always available so anything else soft will do e.g. jumper, coat. If there isn't anything, you can use your hands or lap but you must not hold the person; just let their head bang onto you instead of the ground.
<b>Try to bring the person around</b>	DON'T	If someone is having a tonic clonic seizure they will be unconscious (in a very deep sleep) and you will not be able to bring them round. Only once the person's brain has sorted out the muddled messages, will the person come round by themselves. If somebody is beginning to come round and you are trying to frantically wake them up, they may feel panicked.
<b>Send for help</b>	DO	There are always lots of adults around at school. Don't leave the person having a seizure on their own because other people might not know what is going on. Send someone else to go and get an adult or shout/use your mobile phone if no one is around.
<b>Hold the person down to stop them hurting themselves</b>	DON'T	Holding the person down may cause an injury, especially if you hold their head or neck. Make the area around them safe, give them room to move and let the seizure run its course.
<b>Put the person on their side immediately</b>	DON'T	Only put the person on their side after they have stopped shaking. Moving them may cause an injury.
<b>Move the person away from the chair to avoid harm</b>	DON'T	<p>Unless the person is in immediate, unavoidable danger, you should not move them. Muscles are working hard during a seizure and moving the person may cause them injury. The helper themselves could also be injured whilst trying to move the person. In addition to this, if the person injured themselves at the start of the seizure (e.g. when they fell), moving them could make it worse.</p> <p>It is often easier to move hard and sharp objects away from the person (giving them room to move without banging against anything), rather than moving them. If this is not possible, you could use something soft to cushion the impact between the person and the object.</p>

Picture	DO or DON'T?	Explanation
<b>Time how long the seizure lasts</b>	DO	<p>Waiting for something can seem to take ages and five minutes is a long time. Knowing when the seizure started and how long it has lasted helps keep this in perspective and stops you panicking.</p> <p>Shaking for a long time is very exhausting (like running round the playground lots of times) so emergency medication can be given to stop the seizure if it goes on too long. Ambulances have this medication so will be called after five minutes. Some children have this medication at school already.</p>
<b>Stay with the person until they are fully recovered and reassure them</b>	DO	<p>As seizures happen suddenly, the person can be quite confused afterwards. Hearing is often the first sense to return to normal so it is reassuring if they hear a calm voice telling them what has happened and that everything is okay.</p>

## KS2 Saying safe

### 1a

The person could fall off of their bike onto hard ground, into traffic or crash into something or someone. This could result in injury to themselves and possibly others.

### 1b

- Wear a helmet and other protective equipment e.g. shin/elbow pads.
- Cycle with someone else who knows what to do if they have a seizure and who to contact in an emergency.
- If seizures are not well controlled, busy roads should be avoided. Cycle paths should be used.

### 2a

The person could let go of the rope and fall down and injure themselves.

2b

Idea	Good idea?	Bad idea?
Have safety mats under all the ropes		
Everyone should be allowed to climb as high as possible		
The class could work in pairs and alert the teacher if their partner needs help		
The teacher does not need to know who has epilepsy in the class		

3

These answers are obviously dependent on pupils' individual opinions but ideally the majority of pupils will disagree with Lee and agree with Jamil that it is safe for children with epilepsy to play football. Reasons given might include:

- The referee is supposed to keep an eye on all players and blow the whistle to stop the game if someone is injured/on the floor.
- Other players/team members would notice and alert the referee.
- Spectators would notice.
- The referee should be told about the child's epilepsy so they can keep an eye on them.

However, some pupils may disagree with Jamil and agree with Lee that it is unsafe for children with epilepsy to play football. Reasons given may include:

- If somebody with epilepsy falls over suddenly, they might get trodden on and even accidentally cause injury to someone else by tripping them up.
- Lots of people fall over all the time in football and there are lots of people on the pitch. The referee or other players may not notice for a while and this could be dangerous.
- The person's seizures may not cause them to fall down and so it might not be noticed straight away and this could be dangerous.

### Epilepsy and sport – Concept cartoon

Responses to this activity are going to vary depending on the child. On the whole, pupils should recognise that anybody can have an accident whilst playing sport, regardless of having epilepsy or not. Whilst children and young people with epilepsy should be allowed to join in normal activities, they may have to take extra safety precautions compared to other children and staff/adults may need to keep an extra special eye on them during certain activities. Therefore, the statement that children and young people should not be treated any differently at all is not completely true (the referee).

## Epilepsy research

Each pupil will provide a unique answer, depending on the time they spend on the activity, their source(s) of information and their ability. Some guidance is provided below to help you assess their answers.

Question	Answer
<p>1. What is the definition of epilepsy?</p>	<ul style="list-style-type: none"> <li>• Epilepsy is a medical condition/neurological disorder.</li> <li>• Epilepsy is the most common serious neurological condition worldwide.</li> <li>• Epilepsy is a problem in the brain.</li> <li>• Epilepsy means someone is having recurrent seizures where excess electrical activity in the brain sends confused messages to the rest of the body.</li> </ul>
<p>2. How many children aged 18 and under have epilepsy in the UK?</p>	<ul style="list-style-type: none"> <li>• 63,400 children aged 18 and under have epilepsy in the UK.</li> <li>• 112,000 children and young people aged 25 and under have epilepsy in the UK.</li> </ul>
<p>3. What is a seizure?</p>	<ul style="list-style-type: none"> <li>• A sudden and uncontrolled burst of electricity in the brain that muddles/disrupts/confuses the brain.</li> <li>• Seizures can result in a change to the person's behaviour and/or their feelings for a short time.</li> <li>• There are more than forty different types of seizures, differing in their duration and the effect they have on the individual.</li> <li>• Examples include strange sensations, twitching of the limbs, stiffness and a brief loss of consciousness.</li> </ul>
<p>4. Give two examples of what can happen to people during a focal seizure.</p>	<ul style="list-style-type: none"> <li>• What happens to someone during a focal seizure depends on what part of their brain has been disrupted by the electrical activity and what that part of the brain normally does. During these seizures the person can become confused and disorientated, but will not lose consciousness.</li> <li>• Examples of symptoms include confusion, wandering around, slurred speech, altered speech, strange sensations (e.g. a feeling of numbness or tingling), altered emotions (e.g. a feeling of fear), déjà vu, plucking at clothes, fiddling with objects, shaking, strange facial expressions, head turning and bizarre movements of the limbs.</li> <li>• Some children may mention what happens if specific lobes of the brain are disrupted. Here is some guidance on what can happen in these cases:             <ul style="list-style-type: none"> <li>○ <b>Temporal lobe seizures:</b> The temporal lobes are responsible for, language, feelings, emotions and memory. So there may suddenly</li> </ul> </li> </ul>

Question	Answer
	<p>be a most strange mix of feelings, emotions, or thoughts. These might appear either very, very familiar, or perhaps very odd. Unusual speech can also occur.</p> <ul style="list-style-type: none"> <li>○ <b>Frontal lobe seizures:</b> Seizures coming from the frontal lobe will vary depending on which part of it has been affected. They usually occur in clusters that start suddenly and end just as quickly. They may produce weakness in certain muscles, including those used to speak. Other symptoms may include fumbling or plucking at clothes, or wandering off in a confused state. Frontal lobe seizures usually happen during sleep and can look very strange with all sorts of head turning, thrashing around or cycling movements of the legs.</li> <li>○ <b>Occipital lobe seizures:</b> Seizures occurring in the occipital lobe show up as odd things to do with sight. So symptoms might include things like rapid eye blinking, seeing patterns, flashing lights or colours.</li> <li>○ <b>Parietal lobe seizures:</b> Seizures coming from the parietal area usually result in strange sensations and are also know as sensory (feelings) seizures. Symptoms may include a tingling sensation or a feeling of warmth, usually only down one side of their body. Some people say their arms and legs might feel bigger or smaller than usual and bits of the body might go numb.</li> </ul>
<p>5. What will happen to someone when they have the following type of seizure:</p> <ul style="list-style-type: none"> <li>• Tonic clonic seizure</li> <li>• Absence seizure</li> </ul>	<p><b>Absence seizures:</b></p> <ul style="list-style-type: none"> <li>• The person will suddenly freeze and stop what they are doing but will remain standing or sitting as they were before.</li> <li>• It may look similar to daydreaming, but unlike daydreaming, absence seizures stop the person from what they are doing and the person is actually unconscious and unable to respond.</li> <li>• The seizures are very brief (usually five to ten seconds) but can happen many times in a day.</li> <li>• After an absence, the person will return to normal and may not even realise anything has happened.</li> </ul> <p><b>Tonic clonic seizures:</b></p> <ul style="list-style-type: none"> <li>• The person's body will suddenly stiffen.</li> <li>• They will become unconscious and if they are standing, they will fall over.</li> </ul>

Question	Answer
	<ul style="list-style-type: none"> <li>• Their body will then begin to shake or jerk all over.</li> <li>• After a short time the person should stop shaking and will come around.</li> <li>• They usually last two to four minutes.</li> </ul>
<p><b>6. What should you do to help keep someone safe during a seizure?</b></p>	<p><b>What people should do is:</b></p> <ul style="list-style-type: none"> <li>• send for help (an adult)</li> <li>• clear any hard or sharp objects out of the way so the person has room to move without banging against anything</li> <li>• put something soft under their head to protect it</li> <li>• time how long the seizure lasts</li> <li>• roll the person onto their side and let them rest when the jerking has stopped</li> <li>• speak calmly and reassure the person during and after the seizure.</li> </ul> <p><b>What people should not do</b></p> <ul style="list-style-type: none"> <li>• panic</li> <li>• try to stop the person's jerking movements</li> <li>• move the person unless they are in immediate danger</li> <li>• try to wake them up.</li> </ul> <p><b>People should call an ambulance when someone has a tonic clonic seizure if:</b></p> <ul style="list-style-type: none"> <li>• the seizure lasts for longer than five minutes</li> <li>• the person has lots of seizures, one after another, without coming round in between</li> <li>• it is the person's first seizure</li> <li>• the person injures themselves</li> <li>• the person has problems breathing after the seizure.</li> </ul>
<p><b>7. What are antiepileptic drugs?</b></p>	<ul style="list-style-type: none"> <li>• Antiepileptic drugs (AEDs) are a type of treatment for epilepsy.</li> <li>• Most young people who have epilepsy take antiepileptic drugs everyday to help control their seizures.</li> <li>• Although AEDs are not a cure for epilepsy, they are designed to prevent seizures from happening by calming the chemicals in the brain that cause seizures to happen.</li> <li>• Some medications work better for certain seizure types than for others and some young people may experience side effects.</li> <li>• Not everyone experiences side effects and some of these may subside after the person has been taking them for a while.</li> </ul>

Question	Answer
<p>8. How do antiepileptic drugs make some children feel (what are their side effects)?</p>	<ul style="list-style-type: none"> <li>• Common side effects of antiepileptic drugs include tiredness, nausea and dizziness.</li> <li>• Other side effects may include memory difficulties, coordination problems, mood and behavioural changes, double vision, changes to appetite and weight.</li> </ul>
<p>9. What is a seizure trigger?</p>	<p>Sometimes people discover that there are certain things that make their seizures more likely to happen – these are called seizure ‘triggers’ and can include things such as:</p> <ul style="list-style-type: none"> <li>• being ill</li> <li>• being overtired</li> <li>• being bored</li> <li>• being stressed</li> <li>• being excited</li> <li>• menstruation</li> <li>• taking alcohol or recreational drugs</li> <li>• changes in medication, or forgetting to take it</li> <li>• watching flickering lights (this is very rare).</li> </ul> <p>Whilst some young people might have a particular seizure trigger, many will have no trigger at all.</p>
<p>10. Can you grow out of epilepsy and not have it as an adult?</p>	<p>This depends on what type of epilepsy the person has, but the statistics are positive. Three out of four young people will either outgrow it, or their seizures will be controlled with medication.</p>
<p>11. Name at least 3 famous people who have epilepsy or used to have it.</p>	<p>It is best to use the internet to verify any examples of famous people with epilepsy pupils give.</p>

### Epilepsy research extension questions

Question	Answer
<p>12. What is the difference between a generalised and focal seizure?</p>	<p>All seizures are of two main sorts. We call one group generalised seizures and the other focal (or partial) seizures.</p> <p><b>Generalised seizures:</b> In this type, the whole brain is affected by the abnormal electrical disturbance and the person becomes unconscious of their surroundings.</p>

Question	Answer
	<p><b>Focal (partial) seizures:</b> In this type of seizure, only one part of the brain is affected by the abnormal electrical disturbance. What the seizure looks like depends on where exactly in the brain it stems from and what that bit of the brain does. With these seizures, the person can become confused and disorientated but will not lose consciousness.</p>
<p><b>13. What happens to someone during the following generalised seizures:</b></p> <ul style="list-style-type: none"> <li>• Tonic seizures</li> <li>• Atonic seizures</li> </ul>	<p><b>Atonic:</b></p> <ul style="list-style-type: none"> <li>• The person's body will suddenly become floppy.</li> <li>• They will become unconscious and if they are standing, they will fall down.</li> <li>• After a short time, the person will come around.</li> <li>• Usually lasts less than twenty seconds.</li> </ul> <p><b>Tonic seizures:</b></p> <ul style="list-style-type: none"> <li>• The person's body will suddenly stiffen.</li> <li>• They will become unconscious and if they are standing, they will fall over.</li> <li>• After a short time the person will come around.</li> <li>• They usually last less than twenty seconds.</li> </ul>
<p><b>14. What might happen to someone having a focal seizure in these areas of their brain:</b></p> <ul style="list-style-type: none"> <li>• the occipital lobe</li> <li>• the parietal lobe</li> </ul>	<p><b>Occipital lobe seizures:</b> Seizures occurring in the occipital lobe show up as odd things to do with sight. So symptoms might include things like rapid eye blinking, seeing patterns, flashing lights or colours.</p> <p><b>Parietal lobe seizures:</b> Seizures coming from the parietal area usually result in strange sensations and are also known as sensory (feelings) seizures. This might be a tingling sensation or a feeling of warmth, usually only down one side of the body. Some people say their arms and legs might feel bigger or smaller than usual and bits of the body might go numb.</p>
<p><b>15. Besides antiepileptic drugs, name at least one other treatment for epilepsy and describe how it works.</b></p>	<p><b>Brain surgery (Neurosurgery)</b> Brain surgery is a possible treatment for children who have certain types of epilepsy. It should be considered if taking two different types of medication hasn't worked and if seizures start from a particular part of the brain where surgery will cause minimal problems. There are lots of possible types of surgery and this will depend of the type of epilepsy the person has.</p> <p><b>Vagus nerve stimulator (VNS)</b> The VNS is a very small device (rather like a heart pace-maker) about the size of a £2 coin. Surgeons can place it into the chest under the collar bone where it has the job of stimulating the</p>

Question	Answer
	<p>vagus nerve (which sends messages to the brain) in hopes of having a good effect on seizures.</p> <p><b>Dietary therapies</b> The one you'll hear about is the 'ketogenic diet'. This involves following a strict high fat, low carbohydrate and protein controlled diet. It does not work well for everyone, but for some it may result in better seizure control with fewer side-effects than other treatments. It's a complicated diet that has to be worked out exactly for each individual person. For these reasons it should only be used under the supervision of both a neurologist and a specialist dietician.</p>
<p><b>16. What causes epilepsy?</b></p>	<ul style="list-style-type: none"> <li>• The first thing to make clear is that you cannot catch epilepsy from anyone else!</li> <li>• In six out of ten cases doctors don't know for sure what has caused the epilepsy.</li> <li>• Certain illnesses or an injury that affects the brain can cause seizures to happen. Certain types of epilepsy can also run in families and are inherited.</li> </ul>
<p><b>17. What is an electroencephalogram (EEG)?</b></p>	<ul style="list-style-type: none"> <li>• An EEG is a painless test which records brainwaves.</li> <li>• It records the brain activity by picking up electrical signals given off by the nerves cells.</li> <li>• The EEG cannot prove whether someone has or does not have epilepsy, especially since it can only give information about the electrical activity of the brain during the periods of recording (and the person may not be having a seizure when they have the EEG test done).</li> <li>• The results of an EEG will be considered alongside any descriptions from witnesses about what happened to the person during the seizure as well as the results of other tests, such as brain scans.</li> </ul>
<p><b>18. What are seizure alert dogs?</b></p>	<ul style="list-style-type: none"> <li>• A seizure dog may be useful in assisting a person during or after a seizure.</li> <li>• Every potential seizure dog receives specialised training, such as:</li> <li>• pulling potentially dangerous objects away from the person's body</li> <li>• "blocking" to keep individuals with absences and some types of focal seizures from walking into obstacles</li> <li>• attempting to rouse the unconscious handler during or after a seizure</li> <li>• carrying information regarding the dog, the handler's medical condition, instructions for first aiders and emergency medication.</li> </ul>

Question	Answer
	<ul style="list-style-type: none"> <li>• Additionally, some dogs may develop the ability to sense an impending seizure and notify their owner by changes in behaviour, including circling, pawing, barking etc.</li> </ul>

### KS2 Epilepsy problem page

See the worksheet 'KS2 Epilepsy problem page answers'.

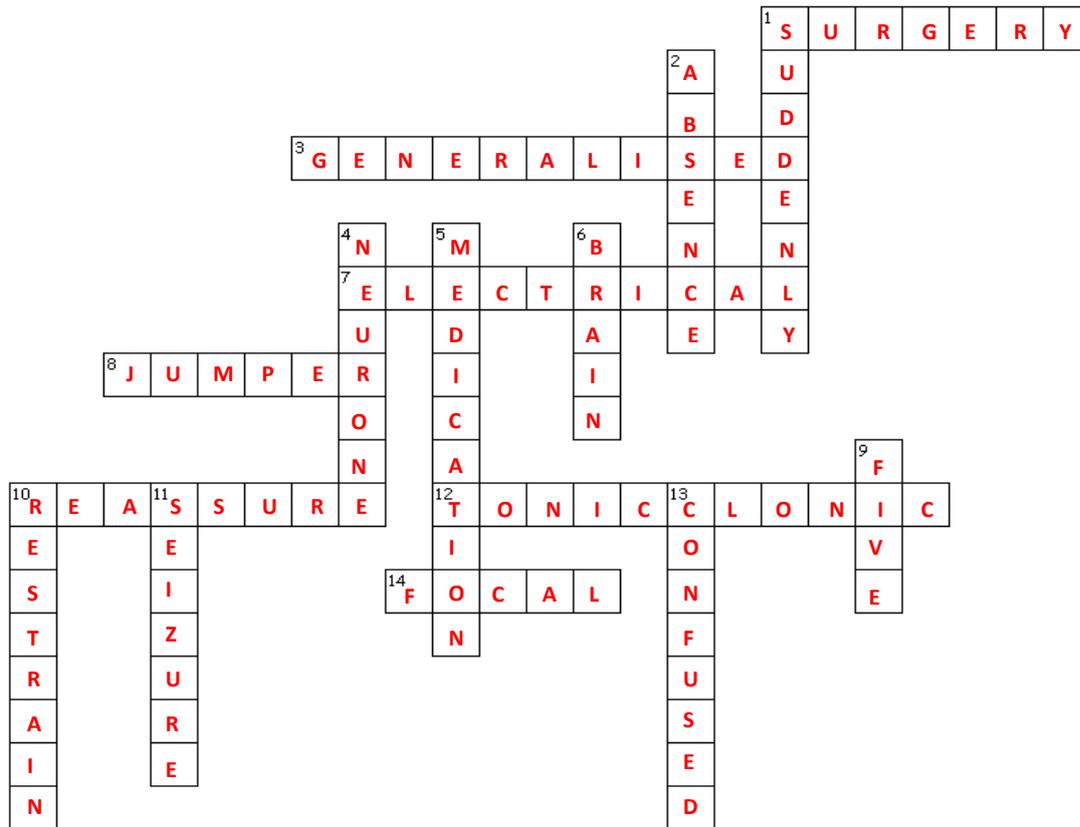
### KS2 Matching pairs

1H, 2I, 3L, 4E, 5K, 6F, 7G, B8, 9J, 10D, 11A, 12C, 13M

### Epilepsy wordsearch

e	f	f	e	e	n	m	i	t	d	f	o	e	h	a	
e	t	r	z	l	o	l	u	s	f	n	e	s	h	s	
c	p	s	e	e	m	t	e	i	i	e	e	c	p	d	
s	r	u	n	c	m	s	t	e	m	t	i	d	a	e	
e	a	d	d	t	o	s	s	e	i	z	u	r	e	i	
h	a	d	d	r	e	a	d	e	c	n	e	s	b	a	
e	t	e	h	i	t	i	e	p	i	l	e	p	s	y	
t	e	n	i	c	e	l	e	n	i	c	e	m	d	o	s
a	n	l	u	a	o	g	y	y	b	u	e	a	n	g	
g	t	y	t	l	n	r	o	o	s	s	s	e	a	n	
t	n	i	y	i	e	d	p	e	u	i	s	t	g	i	
h	o	n	k	g	e	y	l	f	s	i	a	h	h	e	
n	h	r	r	r	a	e	n	h	c	e	g	w	s	h	
f	e	u	n	h	s	o	y	p	a	t	e	e	o	c	
j	s	o	t	i	e	b	r	a	i	n	s	n	i	s	

## Epilepsy crossword



## KS2 Epilepsy quiz

1B, 2B, 3B, 4A, 5B, 6B, 7B, 8B, 9C, 10C, 11C, 12C, 13A, 14A, 15A, 16B.