The Facts about Seizures:

What they look like and what you should do

Seizure Type	What It Looks Like	What to Do
Generalized Tonic-Clonic seizure involving muscular spasms (formerly referred to as a grand mal seizure) 	Generalized tonic-clonic seizures begin with a stiffening of the limbs followed by jerking of the limbs and face. The jerking phase usually lasts less than a minute. Breathing may decrease or cease altogether, producing blueness (cyanosis) of the lips, nail beds and face. Breathing typically returns but it may be irregular. Breathing may be noisy or labored. Some children experience only the stiffening phase of the seizure while others exhibit only the jerking movements, others experience a combination of the two. The child may release urine or stool as a result of the seizure. The child may bite his or her tongue or the inside of his or her mouth during the seizure. Contrary to popular belief, NOTHING should be placed in the child's mouth during the seizure. Following the seizure, the child will be lethargic, possibly confused, and may want to sleep. Full recovery can take minutes or hours, depending on the child.	• Prevent further injury. Place something soft under the child's head, loosen tight clothing and clear the area of sharp, hard or hazardous objects. • Do NOT place objects into the child's mouth. • Turn the child on his or her side to open the airway and allow secretions to drain. • Don't restrain movements. • Stay with the child until the seizure ends. • Do not pour any liquids into the child's mouth or offer any food, drink or medication until he or she is fully awake. • If the child does not resume breathing after the seizure, start CPR and call 911. • Let the child rest until he or she is fully awake. • Be reassuring and supportive as the child regains consciousness. • The child should be taken to the emergency room only if the seizure lasts longer than five minutes, or a second seizure occurs soon after the first, or the child is injured, diabetic or not breathing easily after the seizure.
Absence Seizure more common in children than adults (previously called petit mal seizure)	Absence seizures are characterized by a brief impairment of consciousness, which usually lasts no more than a few seconds. The child, whether sitting or standing, simply stares vacantly, neither speaking nor hearing what is said. Then, as abruptly as it began, the impairment lifts and the child continues with his or her activity. There is no warning and no after effect. Some absence seizures are accompanied by a brief jerking of the eyelids or facial muscles. Absence seizures may occur occasionally or more than 100 times a day.	• No intervention is generally necessary, although if this is a child's first absence seizure, medical evaluation is recommended.
Simple Partial Seizure most common type of seizure experienced by people with epilepsy	With simple partial seizures the child usually does not lose consciousness. The child remains awake and aware. He or she may or may not remember what happened during the seizure. Simple partial seizures affect movements, emotions and sensations in ways that can be frightening to a child. For instance, the child might suddenly experience uncontrolled movement of the eyes or limbs, sudden feelings or fears that something terrible is about to happen, the sensation of a breeze against his or her skin, or unusual tastes or smells.	• Do not restrain the child. • Remove dangerous objects from the child's immediate surroundings. • Calmly direct the child to sit down. • Use force only in an emergency to protect the child from immediate harm. • Remain with the child until he or she is fully alert. • Reassure the child and his or her classmates.
Complex Partial Seizure also called psychomotor or temporal lobe seizure because it affects a larger part of the brain than simple partial seizures 	Typically a complex partial seizure begins with a blank stare and loss of contact with surroundings. The child may experience loss of— or impaired—consciousness, which is often followed by chewing movements, picking at or fumbling with clothing, mumbling and performing simple, unorganized movements over and over again. Because a child is unaware of his or her actions, he or she might leave a room, go down stairs or out into the street. Complex partial seizures affect consciousness, preventing a child from interacting normally. Although the child may appear to be conscious because he or she remains standing and moves about, he or she is not in control of his or her movements, speech or actions. He or she will be unable to later recall what happened during the seizure.	• Fire, heat, water, heights and certain machinery and sharp objects are all potential hazards to a child having a complex partial seizure. He or she is not aware of what is happening and is not aware of pain so it is very important to keep the child from any of these things or any other sort of potentially dangerous situations or items. • Do not restrain the child. • Remove dangerous objects from the child's immediate surroundings. • Calmly direct the child to sit down. • Use force only in an emergency to protect the child from immediate harm. • Remain with the child until he or she is fully alert. • Reassure the child and his or her classmates.
Drop Attack also called atonic seizure	Drop attacks or atonic seizures produce a head drop, collapse, weakness, or droopiness. Because its onset is abrupt and without warning, a drop attack can result in injuries to the head and face. Protective headgear is sometimes used by children and adults who have drop attacks.	• Reassure the child and check for injuries. No first aid is needed unless there is an injury from the fall, although if this is the child's first atonic seizure, they should be evaluated by a doctor.
Myoclonic Seizure	Myoclonic seizures are rapid, brief contractions of muscles that usually occur at the same time on both sides of the body. A myoclonic seizure is often seen as sudden jerks or clumsiness.	• Usually nothing needs to be done. However, a child who has a myoclonic seizure for the first time should be medically evaluated.
Infantile Spasms affect children ages birth-1 year	Infantile spasms are clusters of brief seizures most common when the child is waking. Commonly, the body bends as the outstretched arms jerk forward.	• Watch for clusters of attacks. Report seizures to parents. A child who has infantile spasms should be medically evaluated.

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