Seizure Recognition & First Aid

WHAT IT LOOKS LIKE	WHAT IT IS NOT	WHAT TO DO	WHAT NOT TO DO		
Absence (also called Petit Mal)	Absence (also called Petit Mal)				
Blank stare beginning and ending abruptly Last only a few seconds May be accompanied by rapid blinking or chewing movements Person is unaware of what is happening during the seizure, but quickly returns to full awareness afterwards Most common in kids; may result in learning difficulties if not recognized/treated	Daydreaming Lack of attention Deliberate ignoring of instructions	Repeat information missed during the seizure. Medical evaluation if no prior seizures			
Simple Partial (also called Focal Onset Aware Seizure)					
Jerking may begin in one area of the body Can't be stopped, but the person stays awake and aware Jerking may proceed into other areas, and sometimes becomes a convulsive seizure In partial sensory seizures, person may hear or see things that are not there; feel unexplained fear, sadness, anger or joy; experience nausea, odd smell or "funny feeling" in stomach; have "deja vu" feeling; experience otherwise distorted environment	Hysteria	Medical eval, if no prior seizures If seizure becomes convulsive, follow first aid for Generalize Tonic-Clonic seizures	DO NOT: Restrain the person or try to stop the jerking		
Focal Onset Impaired Awareness. Complex Partial (also called Psychomotor or Temporal Lobe)					
Usually starts with blank stare, followed by chewing, followed by random activity Person appears unaware of surrounding and may seem dazed; person is unresponsive Actions are clumsy or misdirected May pick at clothing, pick up objects, or try to remove clothing May struggle or resist restraint Once pattern is established, it	Drunkenness Drug abuse Mental illness Disorderly conduct	Gently guide away from hazards Stay until full consciousness returns Be calm and reassuring If seizure becomes convulsive, follow first aid for Generalized	DO NOT: Restrain unless person is in immediate danger Shout Expect verbal instructions to be obeyed		

generally remains the same in successive seizures

Seizures last a few minutes but post-seizure confusion may last

No memory of what occurred

much longer

during seizure

Tonic-Clonic

seizures

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WHAT IT LOOKS LIKE	WHAT IT IS NOT	WHAT TO DO	WHAT NOT TO DO	
Generalized Tonic-Clonic (also called Grand Mal)				
Sudden cry, fall, rigidity, and muscle jerks Shallow breathing or temporarily suspended breathing, bluish skin, possible loss of bladder or bowel control Seizure usually lasts a couple of minutes, with normal breathing resuming May be significant confusion and fatigue before return to full consciousness	Heart attack Stroke	Time the seizure Loosen tight clothing Tum person on side Call 911 if seizure lasts >5 mins., person is pregnant or has diabetes, there is injury, there is no known prior seizures, or person has more than one seizure	DO NOT Put anything in the mouth Restrain or hold the person down Give food, drink or medication during the seizure	
Atonic (also called "Drop Attacks")				
Person suddenly collapses and falls After 10-60 seconds, person recovers, regains consciousness, and can stand/walk	Clumsiness, acute illness, normal childhood stage, drunkenness	Medical evaluation if no prior seizures No fist aid unless there is an injury		
Myoclonic				
Sudden brief, massive muscle jerks that involve all or part of the body, may cause fall	Clumsiness poor coordination	Medical evaluation if no prior seizures	DO NOT • Do not restrain or try to stop jerking	
Infantile Spasms				
Sudden, brief, muscle jerks involving coordination all or part of the body	Colic Normal infant movements	No first aid is necessary A medical evaluation should be performed		



