

Seizure Care

Activity in the brain is controlled by electrical impulses. If these electrical signals are not sent in the right order or at the proper rate, seizures can occur. Sometimes seizures can be caused by a high fever, a head injury or poisoning, but most times seizures occur without a specific cause.

What happens during a seizure

Seizures can cause sudden, uncontrolled movements. These movements may involve the whole body or only certain parts, such as the face, arms or legs. The eyes may move rapidly from side to side, roll to one side or roll back in the head. It may be hard to see the colored part of the eye. During a seizure, your child may have irregular breathing. His or her lips may turn blue. Your child might urinate or have a bowel movement during the seizure. When the seizure is over, your child may want to go to sleep.

Some seizures are milder and may only cause a child to stare, be confused or unresponsive for a short time.

What to do during a seizure

It is very important to protect your child from injury while he is having a seizure. Here are some tips to help you:

1. **Stay with your child until the seizure stops.** Even though you may feel frightened, **try to stay calm.**
2. Use a clock or watch to time the seizure. (It may be hard to remember to do this at the time, but because we all have a different sense of time, it is the only sure way to know exactly how long the seizure lasted.)
3. If your child is sitting or standing, gently **ease him to the floor.**
4. If possible, **place your child on his side.** Turn his head to the side with his face downward so that secretions can drain out of the mouth to prevent choking (Picture 1). Place something soft under his head.
5. Loosen tight clothing.
6. If your child wears glasses, remove them.
7. **Move the tables, chairs or other hard objects away** so that he cannot hurt himself. (If objects cannot be moved, gently slide your child away from them.)



Picture 1 Turn your child's head to the side and point the face downward.

What not to do

- **Do not** try to open your child's mouth or place anything between the teeth. This could injure his gums or break his teeth.
- **Do not** try to stop or restrain your child's movements.
- **Do not** put your fingers into the child's mouth. He might accidentally bite them.

Rescue medicines

Some children are prescribed a medicine for parents or caregivers to have on hand to give for seizure emergencies. A seizure emergency is a seizure lasting longer than 5 minutes or a cluster of more seizures than is normal for the child. This rescue medicine can be given during an emergency to stop a long seizure or a cluster of seizures.

The most common rescue medicines are rectal diazepam and nasal midazolam. Not every child needs to have a rescue medicine. Instructions for when to use the rescue medicine may be different for each individual child. After giving a rescue medicine if the seizure(s) does not resolve within 5 minutes, you usually need to call 911.

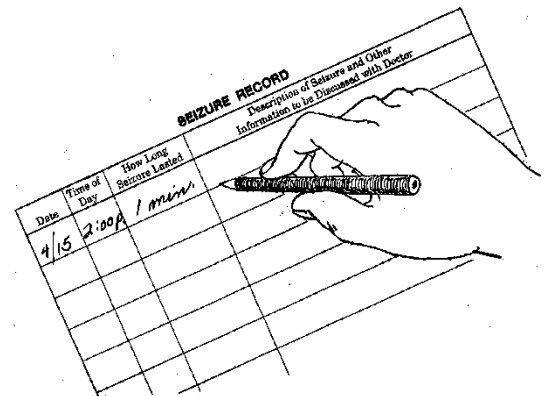
What to watch for

There are many different kinds of seizures. The doctor must know which kind your child has before the right medicine can be prescribed. It may be hard to tell certain kinds of seizures from others. The doctor may not see the seizure, so he or she must rely on your description and the results of medical tests to decide which medicine to use. The better you can describe the seizure, the easier (and perhaps sooner) the doctor can start bringing the seizures under control (Picture 2).

It is possible for a child to have more than one type of seizure. If you recognize more than one kind, be sure to describe each one separately on the Seizure Record (page 6).

These questions will help you know what to watch for:

- Was your child awake or asleep at the time of the seizure event? If awake, what was your child doing when the seizure started?
- What was the exact time of day?
- What called your attention to the event? Did your child cry out, fall, stare or turn his head?
- How did the seizure start? (Suddenly or gradually? One part of the body?)
- Did your child's body become stiff or limp?



Picture 2 Keep a record of what happens before, during, and after a seizure.

Continued on Page 3

What to Watch For, continued

- Did your child have jerking or twitching movements? If so, what part of his or her body? Did your child's eyelids flutter or the eyes roll?
- Did your child's skin show any changes (flushed, clammy, blue, etc.)?
- Did your child's breathing change?
- Could your child respond to you in any way during the event? (Did he look at you? Could he follow directions?)
- Did your child vomit, urinate, or have a bowel movement during or after the seizure?
- How long did the seizure last?
- Did your child have weakness in any specific part of his body after the seizure?
- What was your child's behavior like after the seizure (alert, drowsy, confused)? Did he remember what happened?
- Did your child remember any unusual feelings or sensations **before** the seizure?
- If your child is taking medicine, when was the last dose? Did he or she miss any doses?
- Are there any other things connected with the seizure you think the doctor should know?

After the Seizure

Let your child rest after he is cleaned up (he may have soiled his pants or vomited). He may be very tired and sleep for several hours. He may complain of a mild headache. Within 30 minutes you should be able to get some response from your child, such as opening his eyes, pushing you away, or beginning to arouse.

If you cannot get any response within 30 minutes after the seizure, get emergency help.

Keeping a Seizure Record

The Seizure Record on page 6 will help you keep an accurate record of the details of your child's seizures when they occur. This record will be especially helpful during the first several visits to the doctor when a treatment plan is being developed. Later on, keeping a detailed record may not be advised because it may call more attention to your child's condition than necessary. Ask your child's doctor when you should stop keeping the record. In addition, video recording an event on your phone or camera can be helpful to show your doctor.

Continued on page 4

Medicines

- **If prescriptions are to be refilled, it is very important to do this at least 7 days before the last dose of medicine is given. When you order the last refill for a medicine, call the neurology office as soon as possible to ask for more refills unless you have an appointment scheduled within a month.**
- Always give the medicine as scheduled.
- **Do not give extra medicine or change the medicine dosage** without checking with your child's doctor. If your child misses a dose of medicine, give it as soon as you remember, but avoid giving 2 doses closer than 4 hours apart.
- **Even if your child is not having seizures, he should continue to take the medicine until the doctor says he no longer needs it.**
- It is important to learn the names and dosages of your child's medicine(s).
- Shake the bottle of liquid medicine before giving the dose.
- **If your child vomits or gags and spits out the medicine:**
 - ✓ If your child **gags and spits out the medicine before swallowing it**, give the same dose once more.
 - ✓ If he **swallows the dose and then vomits within 15 minutes**, repeat the dose one time. If he **vomits a second time, do not repeat the dose**. Wait until the next scheduled dose is due and try again.
 - ✓ If he swallows the dose and then **vomits after 15 minutes, do not repeat the dose**.

When to call for help

Have someone call 911 for emergency help if either of these things happens:

- Your child has trouble breathing during the seizure and he has a change in color.
- The seizure lasts more than 5 minutes if you do not have a seizure rescue medicine.
- Your child chokes on secretions (blood, vomit, etc.)
- Your child is injured during a fall or during the seizure and requires first aid (cut, broken bone).

Have someone stay close to your child after the seizure. Within 30 minutes you should be able to get some response from him, such as opening his eyes, pushing you away, or beginning to arouse. If you cannot get any response from your child within 30 minutes after the seizure dial 911 for emergency help.

Activity

To avoid injury if your child has another seizure, he should use the following precautions:

- avoid activities involving climbing
- do not sleep on the top bunk of a bunk bed
- do not swim unsupervised
- shower rather than take a tub bath
- wear a helmet when bike riding, skateboarding or rollerblading.

Emergency information

- Complete the list of phone numbers below.
- Make a card to carry in your wallet.
- Your child should wear a medical identification bracelet or necklace stating he has seizures.
- Take all your child's medicines with you (in the original containers) whenever the child sees a new doctor or goes to an emergency room. This helps doctors who may not know him.
- Tell your child's teachers, school nurse, coach, babysitter and others that your child is taking medicine for seizures. Ask for extra copies of this Helping Hand to give them so they will know the side effects to watch for, and what to do if your child has a seizure.

Important Phone Numbers

Your phone numbers: daytime: _____ evening: _____

Your address: _____

Nearest Intersection: _____

Neurology Department (614) 722-4625. **After office hours and on weekends and holidays,** you can speak with a neurology resident doctor by calling the hospital operator at 722-2000.

Doctors and nurses:

Name _____	Phone _____
------------	-------------

Name _____	Phone _____
------------	-------------

Name _____	Phone _____
------------	-------------

Name _____	Phone _____
------------	-------------

Name _____	Phone _____
------------	-------------

Seizure Record

[illegible]