Seizures: First Aid

A seizure is considered an emergency when:

- It lasts longer than 5 minutes.
- The individual has repeated seizures without regaining consciousness, or has a second seizure within a few minutes.
- There is co-morbid diabetes.
- It is a first-time seizure.
- Breathing difficulties are present.
- It results in an injury or occurs in water.
- There is persistent confusion or unconsciousness.
- There is a significant change in that person’s seizure pattern (type, length, associated symptoms).

In a seizure emergency, CALL 911 – Seek Medical Help Immediately!

During the seizure

- **Non-convulsive seizure** (e.g., absence, simple partial or complex partial)
  - Reassure the person.
  - Protect the person from injury.
  - Guide and support the person as needed.

- **Convulsive (tonic-clonic) seizure** (aka grand mal)
  - **Do not** hold the person down.
  - **Do not** put anything in their mouth.
  - If the person starts to bleed from the mouth, do not panic. He or she may have bitten their tongue.
  - Observe what happens so that you may tell the doctor about what you see or record this information afterwards (time the length of seizure, types of movements, to which side the head and/or eyes turned, how long before returning to full consciousness).

After the seizure

- Once the person has relaxed, turn them on their side to make sure there’s an open airway and to prevent them from choking on anything.
- If the person is in a wheelchair, set the wheelchair to a “partial recline” position (not “full recline”) and gently turn the person’s head to the side to let the saliva flow out of the mouth.
- Be reassuring, comforting and calm as awareness returns. After the seizure, let the person sleep if needed.

As soon as possible, fill out the seizure monitoring chart (baseline) as accurately as you can.

References


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