

Caring For A Child During A Seizure (Information for Caregivers)

Caring for a child who is having a seizure may be very scary, but you should stay calm. Having the following information will make it easier for you to help the child:

- What type of seizures does the child have?
- What kind of behaviors does the child show during a seizure?
- How often do the seizures occur?
- Who should be called if the child has a seizure?
 - Parents should leave their phone number and phone numbers for the doctor.
 - Parents should leave information about when to call “9-1-1”.
- Does the child need medicine to control seizures?
 - What is the name of the medicine?
 - How much should be given?
 - When should the medicine be given?
 - How does the child take the medicine?
 - What side effects of the medicine should you watch for?
- Are there any activities that the child should not do, such as climbing trees, bike riding, roller blading, swimming, or taking a bath?
- How do the other family members react to a seizure?

About seizures

There are different types of seizures. **Each type of seizure is treated differently.** Be sure to know what type of seizure the child may have. Follow directions for that type of seizure.

Generalized tonic-clonic seizures

These seizures were once called “grand mal” or “convulsive” seizures. They may look scary. All of a sudden the child will lose consciousness, fall to the floor and stiffen. The child may appear to scream as air rushes from the lungs. You will see jerking movements of the arms and legs. The child may turn blue or pale, bite their tongue or wet their pants. The seizure usually lasts less than 5 minutes. After the seizure, the child may seem sleepy and want to rest.

Sometimes, the child will only stiffen during the seizure. This is called a “tonic” seizure. Sometimes, the child only has the jerking movements during the seizure. This is called a “clonic” seizure.

What to do:

1. Keep calm. You cannot stop a seizure.
2. Help the child lie down.
3. Gently roll the child to one side. This helps saliva drain from their mouth. After the seizure, the child may throw up. Keep the child lying on their side so saliva and vomit can drain from their mouth.
4. Loosen the child’s collar and put something flat and soft under their head.

What to do tonic-clonic seizures (continued)

5. Clear the area of hard, sharp or hot objects that may harm the child; or gently pull the child to a safe area.
6. If the child wears eyeglasses, take them off.
7. Do not try to hold the child or stop their movements.
8. Do not force anything between the child's teeth or put anything in their mouth. They will not swallow their tongue. Forcing something into their mouth could hurt the child.
9. Stay with the child until the seizure is over.
10. Let the child rest after the seizure. It is normal for a child to be tired and sleep after a seizure.
11. Do not worry if breathing stops for a few seconds during the seizure. Breathing should start as soon as the seizure is over. If the child does not start breathing again, start CPR and call "9-1-1".
12. Watch the child during the seizure. Time the seizure. Write down which parts of their body were moving during the seizure. Note unusual movements or behavior that happened just before the seizure. After the child rests, ask what they remember about the seizure.
13. If the child has rectal diazepam (Diastat®) prescribed, give it if the seizure lasts 5 minutes or longer.

Absence seizures

These seizures were once called "petit mal." They last only a few seconds and may occur many times during the day. You may see a blank stare, eye blinking or head dropping. The child often seems to be daydreaming. They do not fall to the ground and there is no jerking of the arms or legs.

What to do:

1. Write down how often the seizures happen.
2. Talk to the child during the seizure. The child may not hear you during the seizure. When it is over, see if they remember what you said during the seizure. This information may help the doctor.

Complex partial seizures

These seizures were once called "psychomotor" or "temporal lobe" seizures. They last only a few minutes. They vary greatly from child to child. Each child has an individual pattern for the seizure. You may see lip smacking, picking at clothes, wandering, chewing motions or it may be hard to understand the child's speech. The seizure may start with a strange feeling (aura). This may be a change in hearing, sight or smell, or a feeling of fear.

What to do:

1. Keep calm. You cannot stop a seizure.
2. Stay with the child until they are fully awake. Do not try to hold the child or stop their movements. Remove harmful objects that are near the child or stand in front of dangerous areas such as a stairway. If needed, gently lead the child away from dangerous areas.
3. The child may not hear you or may not be aware of what they are doing.
4. Write down how long the seizure lasts and what the child did. It would help to know what the child remembers about the seizure when it is over.
5. If the seizure becomes a tonic-clonic seizure, follow the directions for that type of seizure.

Other types of seizures

Each of these seizure types are short and last only a few seconds.

Myoclonic seizures are sudden single muscle jerks. They often involve only one part of the body such as an arm or leg. They may occur alone or in a cluster of single jerks in a short period of time. If the head jerks down during the seizure, this is sometimes called a “head drop.”

Infantile spasms are types of seizures that occur in infants. They look like a jackknife type movement. The upper body jerks down and the legs jerk up as if they were going to meet in the middle.

Atonic seizures look like the body has lost all tone. The child’s body will go limp. The child falls to the ground or slumps forward.

What to do for these types of seizures:

1. Write down how often the seizures happen.
2. Talk to the child during the seizure. The child may be scared or startled. Your voice will help comfort and reassure them.
3. If the child tends to bump their head or face, a protective helmet may be helpful.
4. If a baby has a seizure that looks like an infantile spasm and you have not seen this before, call the doctor right away.

ALERT: Call the child’s doctor, nurse, or clinic if you have any questions or concerns or if the child:

- Shows any signs of illness or fever.
- Vomits during or after the seizure.
- Has special health care needs that were not covered by this information.

Rectal diazepam (Diastat®) may be used for seizures longer than 5 minutes or clusters of seizures. Check with the child’s doctor or nurse about when and how to use Diastat®.

Call 9-1-1 right away if:

- The seizure lasts longer than 5 minutes or does not stop within 5 minutes of giving Diastat®).
- Diastat® has been given for the first time.
- There is one seizure after another and the child does not wake up in between.
- The child is hurt during the seizure.
- The child has a hard time breathing after the seizure.
- The child’s color stays blue after the seizure is over. Start CPR if needed.
- The seizure happened in the water (such as a swimming pool or bathtub).
- You do not know when the seizure started.
- The child has never had this type of seizure before.

This teaching sheet is meant to help you care for your child. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment, and follow-up.