

First Aid

for an Epileptic Seizure

Anyone can help a person having an epileptic seizure



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An epileptic seizure is caused by a transient disturbance in the brain's electrical activity. Seizure symptoms interfere with a person's normal functioning. The type of symptoms that occur during a seizure depends on the location of the abnormal electrical discharge in the brain and how widely it spreads. There are many different types of seizures. The most common seizure types requiring immediate first aid are generalized tonic-clonic seizures and focal impaired awareness seizures.

Most seizures last a few minutes and stop spontaneously. If a seizure is prolonged or if seizures recur so frequently that the person does not recover between them, the person is in a life-threatening situation. In such cases, call the emergency number 112 and follow the instructions given by the emergency dispatcher.

Some individuals with epilepsy may experience warning signs prior to a seizure, such as increased anxiety or irritability. These symptoms alone usually do not require urgent action, and it is generally not necessary to call emergency services 112 because of them. Call 112 only if the actual seizure becomes prolonged or does not resolve as it normally would.

Some people with epilepsy wear an epilepsy identification bracelet or other medical ID.



Anyone can help a person having an epileptic seizure.

Providing first aid does not require special skills.



Generalized Tonic-Clonic Seizure (convulsive seizure)

During a generalized tonic-clonic seizure, the person loses consciousness, falls, and the body becomes stiff (tonic phase). The tongue or cheek may be caught between the teeth, which can cause bleeding from the mouth. The stiffening is followed by rhythmic jerking movements (clonic phase). Breathing may stop briefly for a few seconds, and saliva or foam may come from the mouth. The seizure may be followed by a period of postictal sleep, after which the person can be awakened.

A typical generalized tonic-clonic seizure lasts less than 2 minutes. A seizure is considered abnormally prolonged if it lasts continuously for more than 2 minutes or if seizures recur without the person regaining their usual level of consciousness in between.

First Aid Instructions

1. Stay calm.
2. Do not try to restrain the convulsive movements. Protect the person from injury, especially the head (place something soft under the head).
3. Do not put anything into the person's mouth, as this may obstruct breathing.
4. Turn the person into the recovery (side-lying) position as soon as the convulsions decrease. This helps keep the airway open and allows secretions to drain from the mouth.
5. Make sure the person can breathe freely and that airflow is present.
6. After the seizure has ended, ensure that the person has not been injured and has fully recovered—can answer questions and knows where they are going—before leaving them unattended.

Call the emergency number 112 if:

- The person has difficulty breathing, does not recover, or has been injured during the seizure.
- A person with epilepsy has a prolonged seizure (convulsions last longer than 2 minutes) or the seizure recurs before recovery from the previous seizure.
- You do not know whether the person has epilepsy.

Focal Impaired Awareness Seizure

During a focal impaired awareness seizure, the person may appear confused and is not fully aware of their surroundings. They may perform repetitive, purposeless movements (automatisms), such as wandering aimlessly, rubbing their hands, picking at clothes, or lip-smacking. Awareness is impaired; the person does not understand what is happening and cannot respond appropriately to questions.

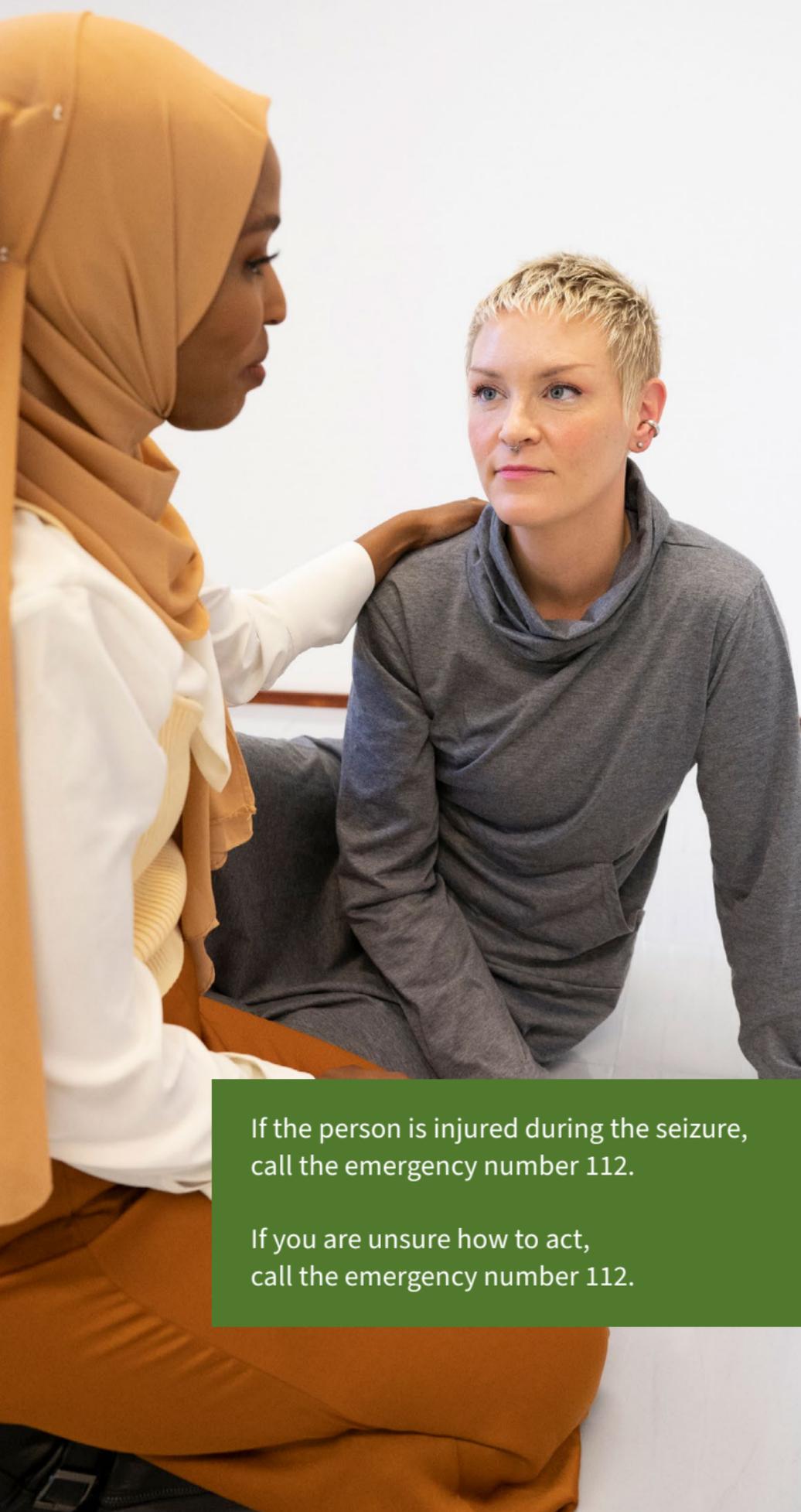
A typical focal impaired awareness seizure lasts a few minutes. A seizure is considered abnormally prolonged if it lasts continuously for more than 5 minutes or if seizures recur without the person recovering in between.

First Aid Instructions

1. Stay close to the person and, if necessary, gently guide them to prevent injury.
2. Do not try to restrain the person's movements, as they are likely to resist.
3. Allow the seizure to resolve spontaneously.
4. After the seizure has ended, ensure that the person has fully recovered—can answer questions and knows where they are going—before leaving them unattended.

Call the emergency number 112 if:

- The seizure lasts longer than 5 minutes.
- The person is injured during the seizure or does not recover normally afterward.



If the person is injured during the seizure,
call the emergency number 112.

If you are unsure how to act,
call the emergency number 112.

Rescue Medication for Prolonged Seizures

The vast majority (> 90%) of epileptic seizures stop spontaneously within a few minutes and do not require special interventions or acute medication. Epilepsy is treated primarily with long-term antiseizure medication aimed at preventing seizures. Treatment is adjusted if seizures occur despite regular medication.

For prolonged seizures, rescue medication is used. If a person is prone to prolonged seizures, rescue medication may be prescribed for home use. The treating physician prescribes the medication, provides written individualized instructions for its use, and—together with a nurse—trains the person or caregivers in correct administration and post-administration monitoring.

Rescue medications include buccal midazolam solution or rectal diazepam. Rescue medication is usually administered by a family member or staff in a daycare center, school, or residential care facility; the person administering the medication does not need to be a healthcare professional. However, they must be competent in the administration technique and know when the person's seizure is unusually prolonged or likely to recur and therefore requires rescue medication.

If the seizure continues despite administration of rescue medication, the emergency number 112 must be called and the person taken to hospital for further treatment.

If a person's epilepsy is well controlled or they have been seizure-free, rescue medication does not usually need to be prescribed. If a person with previously well-controlled epilepsy unexpectedly has a seizure, it is important to contact the treating clinic or seek urgent medical care as needed to receive guidance on possible adjustments to long-term medication.

Nearly 60,000 people in Finland have epilepsy, including approximately 5,000 children. Continuous antiseizure medication is required by 36,000 people, and 9,000 have drug-resistant epilepsy.

Epilepsy can begin at any age, but it most commonly starts in early childhood or in older age. Each year, antiseizure medication is initiated in approximately 3,000 people, of whom 800 are under 15 years of age.

Epilepsy is a chronic condition, and treatment often continues throughout life.



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