

Info

Epilepsia



First aid during epileptic
seizures

GENERALIZED TONIC-CLONIC (“GRAND MAL”) SEIZURES

The most important thing for friends, relatives or others who witness a “major” seizure is to try not to panic and to stay calm despite the understandable agitation and worry of the situation. Well-meaning but over-zealous bystanders can sometimes cause harm to the person experiencing the seizure if they try to help but inadvertently do the wrong thing. Although generalized tonic-clonic seizures look really serious, they are not usually life-threatening. Moreover, it is almost impossible to stop a seizure once it has begun. If the person having the seizure cries out as it begins, this is not a cry of pain due to the seizure, but is the result of air being forced into or out of their airways and past their voice box.

The objective of any assistance given is to avoid potential complications, and injury in particular

If someone falls during a seizure you can try to catch them or lie them down to help keep their airways open and to allow the escape of saliva and any vomit that might be produced after the seizure has stopped. It is best to place the person on their side with the top knee bent (in what is known as the recovery position). At the very start of a seizure only, you can also attempt to swiftly remove an older person’s dentures. Once the jaw has been clamped shut during the tonic phase, any chance of doing this has passed. If you want to physically remove the person from danger, then you should grasp their upper body rather than their limbs. Pulling a person by their arms during a seizure can easily result in a dislocated shoulder.

GENERALIZED TONIC-CLONIC (“GRAND MAL”) SEIZURES

DO

Stay calm (especially in public places and if other bystanders are agitated), look at your watch (when did the seizure start?).

If you see the signs that a seizure is about to start (e.g. the person telling you or a fixed stare), help them to lie down on a sofa, bed or the floor.

Try to remove dangerous objects

- Remove smaller furniture items or pointed, sharp, hard or hot objects
- Carefully take any dangerous objects (knives, scissors, etc.) out of the person’s hand
- Remove glasses if worn

If necessary, move the person away from danger (e.g. an open fire or stairs), holding them by their torso.

Put the person into the recovery position once the seizure has stopped; this keeps the airways open and stops saliva and vomit from entering the windpipe and lungs.

Put a soft object (cushion, jumper, etc.) under their head if available.

Loosen clothing to facilitate breathing

- Loosen tie
- Open collar

Ring an ambulance if the person has several seizures one after another without recovering in between, if the convulsions continue for longer than 10 minutes, or if there are injuries or other complications.

DON'T

Don’t act in a way that creates unrest, panic or agitation.

Don’t attempt to prevent the seizure by “reasoning” with the person, shouting at them, shaking them, patting them or holding smelling salts under their nose.

Don’t try to get the person to sit down on a chair during the seizure, or keep them in one.

Don’t try to hold the arms and legs still, unfurl clenched fists or try to resuscitate the person.

Don’t try to pull the person away with their arms (danger of dislocating a shoulder).

Don’t put the person into the recovery position during the seizure (danger of dislocating a shoulder).

Don’t try to get the person to take anti-epileptic drugs or other medication (danger of choking).

Don’t hold the person still either during or, importantly, after the seizure (increases the danger of injury).

Don’t try to keep the person’s teeth apart or to insert objects between their upper and lower teeth (danger of injury to teeth and fingers).

Don’t immediately call a doctor or ambulance if you know the person has epilepsy and the seizure is uncomplicated.

Do not put anything between the person's teeth

Often, with the best intentions, bystanders will attempt to push something like a spoon or pen between the person's teeth to stop them from biting their tongue during a seizure. However, this is usually unsuccessful and is more likely to cause damage, for example to the teeth, than it is to help.

Dismiss "rubber-neckers"

When people regain consciousness after a seizure, people "rubber-necking" are often the most unpleasant aspect of what for them is something not particularly unusual. If you are with someone when they have a seizure, or witness it as a passer-by, you can help them a great deal by sending away any people standing and watching aimlessly, explaining that you know what to do and that there is nothing to worry about, it's just an epileptic seizure.

FOCAL IMPAIRED AWARENESS SEIZURES (COMPLEX FOCAL OR PSYCHOMOTOR SEIZURES)

As with generalized tonic-clonic seizures, the most important thing is to stay calm and in control of the situation. People who experience this type of seizure rarely injure themselves even if, for example, they are holding a knife in their hand when the seizure starts. The involuntary actions known as automatisms that occur during this type of seizure also have surprisingly little impact.

Stay with the person having the seizure, do not leave them alone

Once a seizure has begun, it cannot be stopped or interrupted. You can try to carefully take dangerous objects out of the person's hand or to move them away from danger. If the person reacts irritably or fends you off, however, you should stop what you are doing quickly as the situation could easily become a tussle or fight (which the person having the seizure is usually unable to remember afterwards).

FOCAL IMPAIRED AWARENESS SEIZURES

DO

Stay calm (especially in public places and if other bystanders are agitated), look at your watch (when did the seizure start?).

Guide the person away from danger (e.g. a road or an oven) if necessary.

Try to remove dangerous objects

- Remove smaller furniture items or pointed, sharp, hard or hot objects
- Carefully take any dangerous objects out of the person's hand

Stay with the person until the seizure has stopped and they can converse normally, know where they are and know where they want to go next.

Offer help after the seizure has stopped:

- Help them to a seat
- Help them to get home
- Ask them if you can ring anyone
- Ask them if an ambulance is needed
- Tell them what happened during the seizure and how long it lasted
- Give a name and address if required.

DON'T

Don't hold the person still either during or, importantly, after the seizure.

Don't leave the person alone during the seizure.

Don't try to influence the behaviour of the person while they are having the seizure.

Don't try to make the person "come to" quickly after the seizure.

ABSENCE SEIZURES

Absence seizures usually last only 5 to 30 seconds and are generally so harmless that no first aid is required. Persons experiencing this type of seizure almost never fall or move or do anything that could cause injury. As they also usually do not notice their seizures, you should tell them afterwards that they have had a seizure.

Epilepsy can affect us all

Five to ten percent of people will have an epileptic seizure at some point in their lives. Almost one percent of the world's population will develop epilepsy. In Switzerland, approximately 70,000 to 80,000 people live with epilepsy, of whom some 15,000 to 20,000 are children.

Epilepsy League – Diverse activities

The Epilepsy League has been researching epilepsy and helping and informing people since 1931. Its goal is to sustainably improve the daily lives and standing in society of those affected by epilepsy.

Research

It promotes knowledge gathering in all areas of epilepsy.

Help

Information and advice in German, English and French:

- For people with epilepsy and their relatives
- For professionals from a multitude of different areas

Information

The Epilepsy League provides information to the public, raising awareness and thus aiding the social integration of people affected by epilepsy.

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President of the Epilepsy League
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More flyers in English:

www.epi.ch/en

Further information

In German, French, English and some in Italian:

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