Seizure information sheet

What is a seizure?
As seizure (also called a ‘fit’) occurs when there is a ‘disruption’ or a brief break in the electrical activity between the neurones (specialised brain cells) in the brain.

There are many different types of seizures, varying from absence seizures that look as though a person is staring into space, to more obvious convulsions that involve the entire body (arms & legs).

Some people only have one seizure in their lifetime while others may experience many. Most seizures last less than five minutes.

Seizures are not always a sign of epilepsy (a medical condition that causes seizures). They may be caused by brain injury, an infection, fever, medication or excessive alcohol/drug use. The cause of a seizure may not always be obvious. Seizures are often very frightening for the observer, especially if they have never seen one before. Brain damage resulting from a seizure is very rare.

Types of seizures
Below are some common types of generalised seizures:

- **Tonic Clonic** – The person may cry out (wail) before losing awareness (consciousness). Their entire body stiffens and starts shaking or jerking violently. They may fall to the ground and may injure themselves as a result. Their eyes may roll back (so you can only see the white part) and they may turn blue around the lips or in the face. Saliva or fluid may come out of their mouth (this could be red if they have bitten their tongue). They may be incontinent of urine (wet their pants). They are often confused and drowsy (groggy) once the fitting stops.

- **Absence** – The person may have a fixed gaze; as if a person is staring into space or their eyelids may ‘flicker’. There is no other obvious jerking. They do not respond when you talk to them.

- **Febrile convulsion/seizure** – Happens in children aged between six months and six years due to a sudden change in temperature (when they have a fever). This seizure may appear like a tonic clonic seizure (as explained above).

Treatment
In the emergency department, the person will be closely monitored and any injuries they may have sustained will be treated.

Anti-seizure medication is sometimes given through a drip inserted into a vein (intravenously) which will make the person drowsy. It may take a few hours for them to recover and get back to their normal self.

Some people will need to stay in hospital for observation, particularly if they have more than one seizure or a prolonged (longer than five minutes) seizure. The person may be required to have any number of the following investigations:

- Blood tests.
- An EEG (electroencephalogram) - which looks at the brain waves and electrical activity in the brain.
• A CT (computerised tomography)- specialist scan of their brain (sometimes also called a CAT scan)
• An MRI (Magnetic Resonance Imaging) scan – another specialist scan of the brain.

What to expect
It is usual for a person to be confused, sore, tired or groggy for some times after the seizure has stopped. They may sleep for several hours after the seizure. They may not remember what happened while they were in hospital or that they had a seizure.

Follow-up
The person may be asked to follow-up with either their GP or may be given a referral to see a specialist located at the hospital. Further test may be requested after review by hospital doctors.

What can I or my family do to help?
There are some things that you can do to help a person who is having a seizure:
• Remember to stay calm.
• Don’t put anything in the person’s mouth (including your fingers) or give them anything to eat or drink (including any medication) until they have regained consciousness and are fully awake and alert (not sleepy or confused).
• Ensure if safe to do so that the person cannot injure themselves – remove sharp or hard objects (if possible) from around the person and place something soft under their head. Do not try to restrain the person. Make sure you do not get injured if they are thrashing around.
• Take note of what time the seizure began and time how long it goes for; If it is longer than five minutes and you are very worried and need help you can phone an ambulance (dial 000). If you have concerns you can always phone 13HEALTH (13 43 25 84).
• Place the person on their side once the seizure has subsided and their body has softened (it is stiff and rigid during a seizure). This helps the person breathe easier and allows the saliva to drain from the mouth.
• If you are able to one of the best ways to diagnose types of seizures is to see one occur in real time. If you are able to use your own or have access to a phone with a camera, taking a recording of the event can be vital for the doctors to be able to assess what occurred to the patient, and plan the best treatment from this assessment.

Seeking help
In a medical emergency go to the nearest hospital emergency department or call an ambulance (dial 000). Do this if:
• You know or you think it may be the person's first seizure.
• You know or think the person is diabetic or the person is pregnant.
• The seizure has not stopped after five minutes or you are very worried and need help.
• The seizure happened in water.
• The person has not regained consciousness or woken up after the seizure has stopped, or if the person has another seizure straight or shortly after the last one has stopped.

Disclaimer: This health information is for general educational purposes only. Please consult with your doctor or other health professionals to make sure this information is right for you.