

Older Teens

- Operating potentially dangerous machinery / equipment (e.g. manufacturing equipment)
- Driving is a special case and if you hold a driving license you must not drive at all until you have been seen in the clinic.

What should I do if it happens again?

Do

- ✓ Note the time – how long did it last?
- ✓ Move objects that may cause injury
- ✓ Put something soft under the head
- ✓ Record the episode! (video or written)
- ✓ Turn child on side as soon as possible
- ✓ Stay with the child
- ✓ Write down detailed observations of the whole episode
- ✓ If the episode goes on longer than 5 minutes or you are concerned at any time then dial 999 and call for medical help.

Do not

- ✗ Panic!
- ✗ Move the child unless in danger
- ✗ Restrict movements
- ✗ Place anything in the mouth
- ✗ Give anything by mouth until fully recovered.

Call an ambulance on 999 if:

- You are frightened and need help
- The episode continues for longer than 5 minutes
- If one episode follows another
- If the child is injured or you have concerns about their breathing.

Other useful numbers

Practice Plus

(Brighton walk-in centre / GP service)

0300 130 3333

Open 8am till 8pm - 7 days a week including bank holidays.

www.practiceplusbrightonstation.nhs.uk

For out of hours GP service or advice ring NHS 111

Paediatric Epilepsy Nurse Specialist

01273 696955 Ext. 6245

Epilepsy secretary

01273 696955 Ext. 62318

Royal Alexandra Children's Hospital

Children's Emergency Department

01273 696955 Ext. 62593

Please be aware that CED staff will not be able to give you medical advice for your child over the phone but can direct you to an appropriate service to assist with your enquiry.



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NHS

University
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the
alex

First probable
seizure

Children's Emergency Department



What is a seizure?

The words seizure, convulsion and fit all mean the same thing. A seizure happens when the brain's electrical rhythm goes wrong.

Are there different types?

Yes. Seizures can take many forms, since the brain is responsible for such a wide range of functions. In simple terms a seizure can be generalised (involving the whole brain) such as single jerks, absences or unconsciousness and jerking of limbs, or focal (involving only part of the brain). Focal seizures can be different for individuals depending on where the seizure starts in the brain.

What causes a seizure?

There are many things that can cause a single seizure such as a low blood sugar, infection or a blow to the head. Sometimes it is the beginning of epilepsy so we do need to keep an open mind.

Will it happen again?

Not necessarily. Seizures can occur in as many as 1 out of 100 children, but over half of children who experience a seizure may never have a second one.

Does this mean my child has epilepsy?

No. Epilepsy is a condition when someone has 2 or more (usually unprovoked) seizures without a temperature. A child who has only one seizure is not diagnosed as having epilepsy.

What else could it be?

People of all ages (including children) can have episodes that look like seizures but are not. It is important to make sure we get the right diagnosis. If you are referred to the epilepsy clinic for follow up there are some things that will help the doctors with their assessment.

What happens next?

Please try to get some video recordings of your child's episodes. We know this is scary when you would like to be comforting your child, and of course the priority is to make sure your child is safe, but the recordings are invaluable when you are next seen. The more recordings we see the better. This will enable us to treat your child most effectively. Please also try to bring the person who witnessed the episode(s) along. If that's not possible, ask the person who saw the episode to write down a detailed description.

The things we will ask in clinic are:

- How often do the episodes happen?
- What was your child doing immediately before the episode (sleeping, playing football, etc.)?
- What alerted you that something was happening?
- What exactly happened during the episode (could they hear you, answer you, did they fall to floor, which limb was affected etc.)?
- How long did the episode last? (try to time this in seconds with a clock as when estimating we have not found this to be very accurate)

- What happened after the episode (back to usual activities, slept etc.)?

The more detail we have the better. There are many different types of seizures and epilepsy, and conditions that look like epilepsy – but aren't. We need this information to help us decide what is causing your child's episodes and how to manage it.

What else? Are there any precautions we should take?

For now there are a few safety precautions you and anyone else caring for your child must follow (e.g. nursery / school).

In practice this means avoid circumstances where an episode could have serious consequences, such as:

- Riding a bicycle or scooter in traffic
- Parks and footpaths for younger children are safer and make sure your child always wears a helmet.
- Climbing above head height
- Cooking without supervision
- Being by an unguarded open fire/flame
- Swimming alone (inform the pool attendant and have a friend with you who is aware that you/your child may have an episode when you will need immediate help)
- Taking a bath – a shower is preferable or bath in shallow water, with someone else in the room
- Standing too close to the edge of train platforms or road pavements.