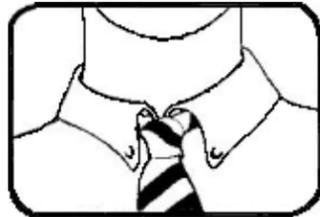


First Aid for Seizures

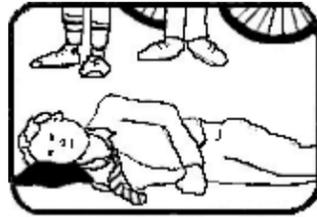
(Convulsions, generalized tonic-clonic, grand mal)



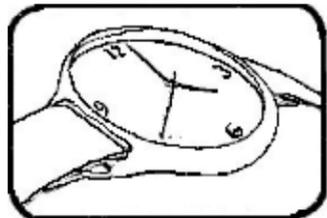
Cushion head, remove glasses



Loosen tight clothing



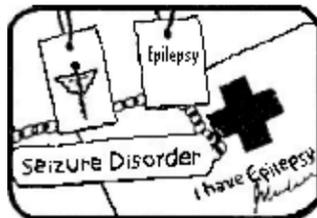
Turn on side



Time the seizure with a watch



Don't put anything in mouth



Look for I.D.



Don't hold down or restrain during or after seizure



As seizure ends...



...Offer to help

Most seizures in people with epilepsy are not medical emergencies. They end after a minute or two without harm and usually do not require a trip to the emergency room

But sometimes there are good reasons to call for emergency help. A seizure in someone who does not have epilepsy could be a sign of serious illness.

Other reasons to call an ambulance include:

- A seizure that lasts more than 5 minutes
- No "epilepsy" or "seizure disorder" I.D.
- Slow recovery, a second seizure following the first, or difficulty breathing afterwards
- Pregnancy or other medical diagnosis
- Any sign of injury or sickness

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Prototype developed by EFA

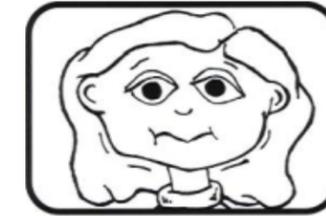
First Aid for Seizures

(Complex partial, psychomotor, temporal lobe)

1. Recognize common symptoms



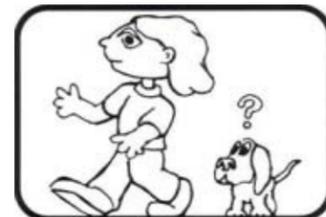
Blank staring



Chewing



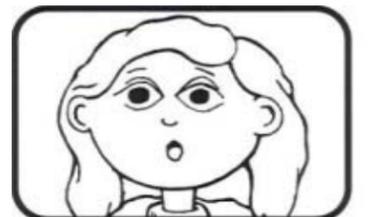
Fumbling



Wandering

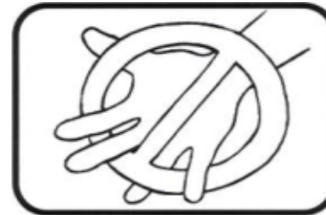


Shaking



Confused speech

2. Follow first aid steps



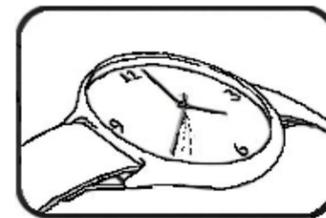
Don't grab hold



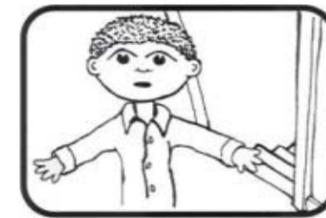
Explain to others



Speak calmly



Track time, remain nearby...



Block hazards



...until seizure ends

People who've had this type of seizure should be fully conscious and aware before being left on their own. Make sure that they know the date, where they are, and where they are going next. Confusion may last longer than the seizure itself and may be hazardous. If full awareness doesn't return, call for medical assistance.



Epilepsy - Know the Facts

What is Epilepsy?

Epilepsy is a neurological disorder that causes people to have recurrent seizures. A seizure is an abnormal disturbance of the electrical activity in the brain.

- Epilepsy is not contagious
- Epilepsy is not a mental illness
- Epilepsy is not mental retardation

What Causes Epilepsy?

More than half the time, the cause is unknown. Where a cause can be determined, it is most often one of these:

- Infections that affect the brain
- Stroke
- Traumatic Brain Injury
- Errors in brain development
- Genetic factors

Who Has Epilepsy?

Over three million Americans have epilepsy, and 200,000 new cases are diagnosed in the United States each year. One in 10 people will have a seizure at some point in their lives. Three in 100 people will develop epilepsy by the age of 75.

Epilepsy doesn't discriminate. It affects children and adults, men and women, and people of all races, religions, ethnic backgrounds, and social classes. While epilepsy is most often diagnosed in children under two or adults after the age of 65, it can occur at any age.



Epilepsy Society of Southern New York, Inc.

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The Education Department

The Education Department of ESSNY provides a wide variety of services aimed at communicating knowledge of epilepsy in a manner that is easily accessible for everyone.

Our training includes:

- Presentations on managing the child with seizures for:
 - Camp counselors
 - Teachers
 - Teachers aides
 - School organizations
 - Cafeteria workers
 - Bus drivers and monitors
- Medication, psychosocial and family issues for nurses, psychologists and counselors.

- Up-to-date information with videos, PowerPoint and slides.

Current as of Apr. 2008. For more recent updated information, please see our website www.learnaboutepilepsy.com

For further information about the Education Department, please contact **Susanne Finn, Community Educator, (845) 627-0627 ext.148**

How Is Epilepsy Treated?

- **MEDICATION**—Most people achieve good seizure control on one or more of the variety of medications currently approved for the treatment of epilepsy. Taking medications according to schedule assures the best results.

- **SURGERY**—Several types of surgery may be used for patients whose seizures do not respond to medication. The most common are temporal lobectomy and cortical resection. These may be used when a seizure focus can be determined and removal of all or part of the affected lobe of the brain can be performed without damage to vital functions.

- **VAGUS NERVE STIMULATION**
A small pacemaker-like device is implanted in the left chest wall with a lead attached to the vagus nerve. The device is then programmed to deliver electrical stimulation to the brain at regular intervals. Many patients whose seizures do not respond adequately to medication see improvement with this method.

- **KETOGENIC DIET**—Used primarily in children, this medically supervised high fat, low carbohydrate, low protein diet has been shown to benefit many of the children who can maintain it.

Types Of Seizures

Seizures can take many different forms, often not resembling the convulsions that most people associate with epilepsy. Common types of seizures include:

- **GENERALIZED TONIC CLONIC (Grand Mal)**—Convulsions, muscle rigidity, jerking
- **ABSENCE (Petit Mal)**—Blank stare lasting only a few seconds, sometimes accompanied by blinking or chewing motions
- **COMPLEX PARTIAL (Psycho-motor / Temporal Lobe)**—Purposeless activity where the person is out of touch with his surroundings
- **SIMPLE PARTIAL**—Jerking in one or more parts of the body or sensory distortions that may or may not be obvious to onlookers. No loss of awareness
- **ATONIC (Drop Attacks)**—Sudden collapse with rapid recovery within a minute
- **MYOCLONIC**—Sudden, brief jerks involving all or part of the body while fully awake
- **TONIC**—Sudden brief body stiffness without shaking



How is Epilepsy Diagnosed?

Patient history, neurological examination, blood work and other clinical tests are all important in diagnosing epilepsy. Eyewitness accounts of a patient's seizures may also be important in helping the physician determine the type of seizures involved.

The Electroencephalograph (EEG) is the most commonly used test in diagnosing epilepsy. An EEG provides a continuous recording of electrical activity in the brain during the test. Some patterns of activity are unique to particular forms of seizures.

In some situations, physicians may also use MRI, CT and PET scans to look at the internal structure and function of the brain. These tests may help pinpoint causes of seizures.

BASIC FIRST AID MEASURES FOR ALL SEIZURES ARE:

- DO** keep calm.
- DO NOT** restrain movement. You cannot stop the seizure.
- DO** protect the person from injury.
- DO** remain in attendance. Stay nearby until the person is fully alert.

Open here →



Epilepsy Society of Southern New York, Inc.

EPILEPSY KNOW THE FACTS

A Guide To Seizure Recognition And First Aid

Visit our website at:

www.learnaboutepilepsy.com



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