

## Seizures

### What is a seizure?

A seizure is an electrical disturbance in the brain. During a seizure the body may jerk, twitch, or stiffen, and there may be a change in consciousness. In most cases, seizures will stop on their own, lasting a few seconds to about a minute.

After some types of seizures, the child may be semiconscious, confused, and lethargic (very tired) for 30 minutes to an hour. This is called the “post-ictal phase.”

There are different types of seizures, classified by the areas of the brain they involve. Seizures may be either partial (localized to one area of the brain) or generalized (involving the whole brain). See the seizure classification chart on the last page.

The term “epilepsy” is often misunderstood. Epilepsy simply means recurrent seizures that are not caused by a fever. The word epilepsy does not imply anything about mental or physical function.

Some seizures are prolonged and do not stop without medicine. Status epilepticus is a name for a seizure that lasts longer than 20 minutes, or recurrent seizures without regaining consciousness in between.

### What can I expect in the hospital?

An electroencephalogram (EEG) is done to measure the electrical activity of the brain. (See the education sheet, “[Electroencephalogram](#)”.) An imaging study of the head, such as a CT or MRI, may also be done to check for the presence of a brain lesion. Blood and urine tests may also be needed.

Anti-seizure medicines may be given either in the vein (IV) or by mouth. Blood tests will be done to make sure the child is getting the right amount of medicine.

The nurses will closely watch your child’s level of consciousness, activity, strength, coordination, temperature, pulse, breathing rate, and blood pressure. A monitor may be used to watch for any changes.

### How can I care for my child?

It is important to give the anti-seizure medicines exactly as prescribed by the doctor.

Most seizures can be fully controlled by medicine and your child should be able to lead a normal life without restrictions. Until it is determined whether complete seizure control can be obtained, your child should not do activities that might result in injury during a seizure. Avoid activities such as:

- climbing onto high places
- swimming
- bathing unattended

## What should I do during a seizure?

1. Stay calm.
2. Lay your child on his or her side with something soft under the head.
3. **Do not** restrain your child or put anything in the mouth.
4. Check a clock to time the length of the seizure.
5. Watch for any arm, leg, or eye movement; your doctor may want to know this.
6. Watch the breathing.

## When should I call the doctor?

- seizures occurring more often
- seizures look different
- refusing to take medicine
- vomiting medicine
- extremely drowsy
- unsteady

### Call 911 if:

- seizure is longer than 5 minutes
- repeated seizures without regaining consciousness
- any color changes such as blue or purple color around the mouth during or after the seizure (if this is not normal for your child)
- not breathing for more than 30 to 60 seconds

## What else do I need to know?

Some people have an aura (sensation or feeling) before a seizure. Sensations may include:

- buzzing in the ear
- dizziness
- a strong emotion
- lights
- other sensations

If a particular sensation occurs before each seizure, this can be used as an early warning to seek a safe place for protection during the seizure.

The presence of seizures does not make your child fragile. Treat and discipline your child normally. Tell the school nurse about your child's seizures and medicine.

Support groups may be available in your area. Ask your doctor for their names and numbers.

You may want to consider having your child wear a medical identification band. You can buy one at a pharmacy.

## Questions?

This sheet is not specific to your child but provides general information. For more information, a good resource is [www.epilepsyfoundation.org](http://www.epilepsyfoundation.org). If you have any questions, please call the doctor.

For more reading material about this and other health topics, please call or visit the Family Resource Center library, or visit our Web site: [www.childrensmn.org](http://www.childrensmn.org).



## Seizure classification guide

Area of brain affected	Generalized (whole brain)		Partial (localized)	
<b>Seizure type</b>	Tonic-clonic	Absence	Complex	Simple
<b>Formerly known as</b>	Grand mal	Petit mal	Psychomotor-temporal lobe	Jacksonian motor
<b>Identifying characteristics</b>	<ul style="list-style-type: none"> <li>• affects entire body</li> <li>• body falls, stiffens, and jerks</li> <li>• loss of consciousness</li> <li>• may cry out, bite tongue, turn pale, or stop breathing</li> <li>• loss of bladder and bowel control</li> <li>• fatigue and confusion afterwards</li> </ul>	<ul style="list-style-type: none"> <li>• staring</li> <li>• eye blinking</li> <li>• eye twitching</li> <li>• lip smacking</li> <li>• jerking of hands</li> <li>• most common seizure in children</li> </ul>	<ul style="list-style-type: none"> <li>• altered consciousness: person may appear confused, drugged, drunk, psychotic</li> <li>• lip smacking</li> <li>• purposeless activity or repetitive motions such as fidgeting with clothing</li> </ul>	<ul style="list-style-type: none"> <li>• jerking of one limb or side of body</li> <li>• person is conscious</li> </ul>
<b>Other information</b>	<ul style="list-style-type: none"> <li>• lasts 1 to 3 minutes</li> </ul>	<ul style="list-style-type: none"> <li>• lasts a few seconds</li> <li>• often thought of as daydreaming</li> </ul>	<ul style="list-style-type: none"> <li>• usually lasts 1 or 2 minutes</li> <li>• person may struggle if restrained</li> </ul>	

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