

Looking after a child with epilepsy is usually no different from looking after any other child. Unless the parents have told you otherwise, a child with epilepsy should be treated just like any other normal, active youngster. While you may never have to manage a seizure in a child with epilepsy, knowing what to do can make a big difference if a seizure does occur.

What is epilepsy?

Epilepsy is the general term used to describe the tendency to have recurrent epileptic seizures. An epileptic seizure is caused by an electrical disturbance in the brain that lasts a few seconds to several minutes. The outward sign of a seizure might be convulsions, a brief stare, an unusual movement of the body, or a change in awareness.

Anyone can have a seizure at any time in their life. However, most cases of epilepsy are diagnosed before the age of 18 years. Most children with epilepsy do not have seizures very often. This is because they take medication that prevents seizures from occurring and enables them to lead normal active lives. However, some children with epilepsy continue to have seizures despite being on medication.

In over half of all cases of epilepsy, no known cause can be found. The known causes include head injuries, genetic disorders, abnormalities of brain development before birth, illnesses like meningitis or encephalitis, and rarely brain tumors. Febrile seizures are the most common seizures in the preschool child and occur in infants or small children during a high fever. Nearly all of these children outgrow their tendency to seizures and have a normal childhood and adult life.

What do seizures look like?

You may see brief changes in how a child moves or acts during a seizure. For example:

- A seizure could make a child stop what she/he is doing and stare for a few seconds
- It could make a child seem confused and dazed, and wander aimlessly
- It could make a child fall suddenly to the ground perhaps with incontinence or followed by excessive fatigue
- It could make an arm or leg shake for a minute or two
- It could make a child feel afraid or angry, or make things look different from what they really are
- It could make a child have convulsions that result in falling, stiffness, and shaking for a minute or two

What do I need to know?

There are many different types of seizures. It is therefore important to ask the parents how to identify their child's seizures and how they want you to handle them. You will need to know a few simple first aid steps that will keep the child safe until the seizure comes to an end. Most seizures are not medical emergencies and do not need emergency care.

- Ask the child's parents or guardians for the following information
- What kind of seizures does the child have?
- How often do seizures occur?
- Is there any warning at the start of the seizure?
- How long does the seizure typically last?
- Describe what happens during a seizure
- What should you do during a seizure?
- How does the child usually act after a seizure?
- How long will it be before the child is usually able to resume normal activity?

If applicable, it is also important for you to know what their medication dosage is, when you are to give it, and where it is stored. It is a good idea to make up an information sheet with the family that lists all this information as well as the child's napping/bedtime schedule, any activities the child is not allowed to do, and telephone numbers of those to call in an emergency.

First Aid for Seizures

If the child loses consciousness, stiffens and/or shakes – Tonic-Clonic Seizure:

- Remain calm
- Ease the child into a lying position
- Put something soft under their head
- Don't hold the child down to try to stop the jerking
- Remove nearby objects that could injure the child
- Loosen tight clothing and remove eyeglasses
- Turn the child onto one side to help avoid choking
- Don't try to put anything into the mouth. It is impossible to swallow your tongue during a seizure
- Don't give food or drink during or just after a seizure
- Comfort and reassure the child as he or she starts to wake up afterwards

If the child has staring spells – Absence Seizure:

No first aid is needed, but these episodes should be recorded. Write down the time and what the child did (e.g. blank stare, blinking, eyes rolling).

If the child seems dazed and confused – Dyscognitive Focal Seizure (Complex Partial) or Psychomotor/temporal lobe seizure:

- Remain calm, and speak to the child calmly and reassuringly
- Gently guide them away from any potential hazards
- Don't try to restrain the child as he or she may struggle with you
- Stay with the child until they are completely conscious and aware of their surroundings

Call for medical help if:

- The seizure lasts longer than five minutes
- The child does not regain consciousness soon after the seizure ends
- Another seizure starts soon after the first one ends
- If confusion after a seizure persists for more than one hour
- The child is diabetic, injured, or it is the first time the child has had a seizure
- The parents have asked you to

In most cases, the child will be confused after a seizure and will not remember what happened. Let the child rest afterward if necessary. Then encourage them to resume normal activities.

It will be helpful to the parents and doctor if you write down a complete description of what happened before, during, and after a seizure. Record the time it started and ended, what the child was doing, what actions occurred, and the time it took for the child to recover.

The average child with epilepsy is healthy and wants to be treated just like any other child. Risks for participating in different activities are best assessed on an individual basis. Ask the child's parents or guardians if you have any questions or require further information about childcare.

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