## Seizure Characteristics

### Tonic Clonic
- **Type:** Formerly called grand mal
- **Characteristics:**
  - Typically 1 to 3 minutes in length
  - A crying out or groan
  - A loss of consciousness
  - A fall
  - A convulsion (stiffening, jerking)
  - May involve:
    - Loss of urinary or bowel control
    - Shallow breathing
    - Bluish or gray skin color
    - Drooling
  - May be followed by confusion, fatigue or headache

### Absence
- **Type:** Formerly called petit mal
- **Characteristics:**
  - Typically less than 10 seconds in length
  - A sudden blank stare
  - Impaired awareness
  - May involve rapid blinking, eyes rolling upwards
  - Alertness regained quickly following seizure

### Simple Partial
- **Type:** Formerly called focal
- **Characteristics:**
  - Typically seconds to minutes in length
  - Awareness retained but person cannot control symptoms
  - May involve:
    - Jerking in one area of the body that may spread to another area of the body
    - An unusual sensation such as seeing, smelling, or hearing things that aren't there
    - A sudden overwhelming feeling such as joy or fear
    - Symptoms such as stomach upset or flushing
  - May be referred to as an aura (a sudden unusual sensation, feeling or movement)
  - May progress to a complex partial or tonic clonic seizure

### Complex Partial
- **Type:** Formerly called psychomotor or temporal lobe
- **Characteristics:**
  - Typically 1 to 2 minutes in length
  - Altered awareness
  - Dreamlike state
  - Appears dazed, confused
  - Often begins with an aura (a sudden unusual sensation, feeling or movement)
  - Typically involves random purposeless movements such as chewing motions, picking motions in the air, or pulling at clothing
  - Often followed by confusion and disorientation
  - May progress to a complex partial or generalized seizure

### Atonic
- **Type:** Also called drop attacks
- **Characteristics:**
  - Typically a few seconds in length
  - Sudden loss of muscle tone
  - A fall, dropping objects, head nodding
  - Typically a loss of awareness

### Myoclonic
- **Characteristics:**
  - Typically a few seconds in length
  - Sudden jerk of part of the body such as arm or leg
  - Sometimes a fall
  - Awareness retained

### Infantile Spasms
- **Type:** West Syndrome Epilepsy
- **Characteristics:**
  - A spasm typically lasts a few seconds but often occurs in a cluster of 5 to 50 or more.
  - Sudden flexing forward of head and arms
  - Sudden drawing up of knees, raising both arms
  - Sudden body flexing at waist

### First Aid

1. **Stay calm.** Let the seizure take its course.
2. **Time the seizure.**
3. **Protect from injury.** If necessary, ease the person to the floor. Move hard or sharp objects out of the way. Place something soft under the head.
4. **Loosen anything tight around the neck.** Check for medical identification.
5. **DO NOT restrain the person.**
6. **DO NOT put anything in the mouth.** The person will not swallow his or her tongue.
7. **Gently roll the person onto his or her side as the convulsive seizure subsides** to allow saliva or other fluids to drain away and keep the airway clear.
8. **After the seizure, talk to the person reassuringly.** Do not leave until the person is re-oriented. The person may need to rest or sleep.

### Calling An Ambulance

**CALL AN AMBULANCE:***

- If a convulsive seizure lasts longer than 5 minutes.
- If consciousness or regular breathing does not return after the seizure has ended.
- If seizure repeats without full recovery between seizures.
- If confusion after a seizure persists for more than one hour.

**CALL AN AMBULANCE:**

- If a seizure occurs in water and there is any chance that the person has inhaled water. Inhaling water can cause heart or lung damage.
- If it is a first-time seizure, or the person is injured, pregnant, or has diabetes. A person with diabetes may experience a seizure as a result of extremely high or low blood sugar levels.

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**Seizures and First Aid**

**Seizure Type** | **Characteristics** | **First Aid**
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**Tonic Clonic** (formerly called grand mal) | • Typically 1 to 3 minutes in length
• A crying out or groan
• A loss of consciousness
• A fall
• A convulsion (stiffening, jerking)
• May involve:
  - Loss of urinary or bowel control
  - Shallow breathing
  - Bluish or gray skin color
  - Drooling
• May be followed by confusion, fatigue or headache | 1. Stay calm. Let the seizure take its course.
2. Time the seizure.
3. Protect from injury. If necessary, ease the person to the floor. Move hard or sharp objects out of the way. Place something soft under the head.
4. Loosen anything tight around the neck. Check for medical identification.
5. DO NOT restrain the person.
6. DO NOT put anything in the mouth. The person will not swallow his or her tongue.
7. Gently roll the person onto his or her side as the convulsive seizure subsides to allow saliva or other fluids to drain away and keep the airway clear.
8. After the seizure, talk to the person reassuringly. Do not leave until the person is re-oriented. The person may need to rest or sleep.

**Absence** (formerly called petit mal) | • Typically less than 10 seconds in length
• A sudden blank stare
• Impaired awareness
• May involve rapid blinking, eyes rolling upwards
• Alertness regained quickly following seizure | First Aid generally not required.
If absence seizures occur in a cluster, remove the person from any activities that could pose a risk (e.g. swimming).

**Simple Partial** (formerly called focal) | • Typically seconds to minutes in length
• Awareness retained but person cannot control symptoms
• May involve:
  - Jerking in one area of the body that may spread to another area of the body
  - An unusual sensation such as seeing, smelling, or hearing things that aren’t there
  - A sudden overwhelming feeling such as joy or fear
  - Symptoms such as stomach upset or flushing
• May be referred to as an aura (a sudden unusual sensation, feeling or movement)
• May progress to a complex partial or tonic clonic seizure | First Aid generally not required as person remains aware.
Stay calm. Stay with the person. Offer emotional support and reassurance.

If the seizure progresses to a complex partial or tonic clonic seizure, see First Aid as outlined for complex partial or tonic clonic seizures.

**Complex Partial** (formerly called psychomotor or temporal lobe) | • Typically 1 to 2 minutes in length
• Altered awareness
• Dreamlike state
• Appears dazed, confused
• Often begins with an aura (a sudden unusual sensation, feeling or movement)
• Typically involves random purposeless movements such as chewing motions, picking motions in the air, or pulling at clothing
• Often followed by confusion and disorientation
• May progress to a complex partial or generalized seizure | 1. Stay with the person. Let the seizure take its course. Speak calmly and explain to others what is happening.
2. Move dangerous objects out of the way.
3. DO NOT restrain the person.
4. Gently guide the person away from danger or block access to hazards.
5. After the seizure, talk reassuringly to the person. Stay with the person until complete awareness returns.

If the seizure progresses to a tonic clonic seizure, see First Aid as outlined for a tonic clonic seizure.

**Atonic** (also called drop attacks) | • Typically a few seconds in length
• Sudden loss of muscle tone
• A fall, dropping objects, head nodding
• Typically a loss of awareness | As seizures occur suddenly, it is often difficult to intervene in time.
Check for injury following a fall.

**Myoclonic** | • Typically a few seconds in length
• Sudden jerk of part of the body such as arm or leg
• Sometimes a fall
• Awareness retained | As seizures occur suddenly, it is often difficult to intervene in time.
Check for injury following a fall.

**Infantile Spasms** (West Syndrome Epilepsy) | • A spasm typically lasts a few seconds but often occurs in a cluster of 5 to 50 or more.
• Sudden flexing forward of head and arms
• Sudden drawing up of knees, raising both arms
• Sudden body flexing at waist | Protect from any potential risk of injury. Doctor should be consulted promptly.