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[ANSWER PLACE](#) > [MEDICAL ASPECTS](#) > FIRST AID

First aid for epilepsy is basically very simple. It keeps the person safe until the seizure stops naturally by itself. It is important for the public to know how to respond to all seizures, including the most noticeable kind -- the generalized tonic clonic seizure, or convulsions.

When providing seizure first aid for generalized tonic clonic (grand mal) seizures, these are the key things to remember:

- Keep calm and reassure other people who may be nearby.
- Don't hold the person down or try to stop his movements.
- Time the seizure with your watch.
- Clear the area around the person of anything hard or sharp.
- Loosen ties or anything around the neck that may make breathing difficult.
- Put something flat and soft, like a folded jacket, under the head.
- Turn him or her gently onto one side. This will help keep the airway clear. Do not try to force the mouth open with any hard implement or with fingers. **It is not true that a person having a seizure can swallow his tongue.** Efforts to hold the tongue down can injure teeth or jaw.
- Don't attempt artificial respiration except in the unlikely event that a person does not start breathing again after the seizure has stopped.
- Stay with the person until the seizure ends naturally.
- Be friendly and reassuring as consciousness returns.
- Offer to call a taxi, friend or relative to help the person get home if he seems confused or unable to get home by himself.

First Aid for Generalized Tonic Clonic (Grand Mal) Seizures



A generalized tonic clonic seizure. Here the whole brain is affected from the beginning. In (a) there is a cry and loss of consciousness, arms flex up then extend in (b) and remain rigid (the tonic phase) for a few seconds. A series of jerking movements take place (the clonic phase) as muscles contract and relax together. In (c) the jerking is slowing down and will eventually stop. In (d) the man has been placed on his side to aid breathing and to keep the airway clear.

During a generalized tonic-clonic seizure, the person suddenly falls to the ground and has a convulsive seizure. It is essential to protect him or her from injury. Cradle the head or place something soft under it, a towel or your hand, for example. Remove all dangerous objects. A bystander can do nothing to prevent or terminate an attack. At the end of the seizure, make sure the mouth is cleared of food and saliva by turning the person on his or her side to provide an open airway and allow fluids to drain. If the person assisting remains calm, the person having the seizure will be reassured when he or she regains consciousness.

Breathing almost always resumes spontaneously after a convulsive seizure. Failure to resume breathing signals a complication of the seizure such as a blocked airway, heart attack or severe head or neck injury. In these unusual circumstances, CPR must start immediately. If repeated seizures occur, or if a single seizure lasts longer than five minutes, the person should be taken to a medical facility immediately. Prolonged or repeated seizures may suggest [status epilepticus](#) (nonstop seizures), which requires emergency medical treatment.

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First Aid for Non-Convulsive Seizures

You don't have to do anything if a person has brief periods of staring or shaking of the limbs. If someone has the kind of seizure that produces a dazed state and automatic behavior, the best thing to do is:

- Watch the person carefully and explain to others what is happening. Often people who don't recognize this kind of behavior as a seizure think that the dazed person is drunk or on drugs.
- Speak quietly and calmly in a friendly way.
- Guide the person gently away from any danger, such as a steep flight of steps, a busy highway, or a hot stove. Don't grab hold, however, unless some immediate danger threatens. People having this kind of seizure are on "automatic pilot" so far as their movements are concerned. Instinct may make them struggle or lash out at the person who is trying to hold them.
- Stay with the person until full consciousness returns, and offer help in returning home.

First Aid in Special Circumstances

A Seizure in Water

If a seizure occurs in water, the person should be supported in the water with the head tilted so his face and head stay above the surface. He or she should be removed from the water as quickly as possible with the head in this position. Once on dry land, he should be examined and, if he is not

breathing, artificial respiration should be begun at once. Anyone who has a seizure in water should be taken to an emergency room for a careful medical checkup, even if he or she appears to be fully recovered afterwards. Heart or lung damage from ingestion of water is a possible hazard in such cases.

A Seizure in an Airplane

If the plane is not filled, and if the seat arms can be folded up, passengers to the left and/or right of the affected person may be reassigned to other seats, so that the person having the seizure can be helped to lie across two or more seats with head and body turned on one side.

Once consciousness has fully returned, the person can be helped into a resting position in a single reclining seat.

If there are no empty seats, the seat in which the person is sitting can be reclined, and, once the rigidity phase has passed, he can be turned gently while in the seat so that he is leaning towards one side.

Pillows or blankets can be arranged so that the head doesn't hit unpadded areas of the plane. However, care should be taken that the angle at which the person is sitting is such that his airway stays clear and breathing is unobstructed.

A Seizure on a Bus

Ease the person across a double or triple seat. Turn him on his side, and follow the same steps as indicated above. If he wishes to do so, there is no reason why a person who has fully recovered from a seizure cannot stay on the bus until he arrives at his destination

Head Injury During a Seizure

If the person hits his or her head while falling, his or her post-seizure condition should be carefully monitored. Although sleepiness and confusion are natural consequences of a seizure, it should always be possible to rouse the person without difficulty. A person who fails to return to consciousness

after a seizure needs further medical assessment. If head injury is a possibility, the person should be closely observed for the following signs:

- Difficulty in maintaining consciousness (an observer should try to waken the person at 20-minute intervals)
- Vomiting
- Vision problems
- Excessive sleepiness two hours or more after the seizure (unless, of course, the seizure has occurred late in the day and the person's usual bedtime is approaching)

If any of these signs are observed, or if the patient has a persistent headache *after* a rest period, unconsciousness with failure to respond, unequal pupil size or excessively dilated pupils, or weakness of the limbs, *immediate* medical attention is essential.