



Children with Epilepsy/Seizure Disorder

What is epilepsy/seizure disorder?

Epilepsy/seizure disorder is a condition caused when the brain is flooded with too many electrical charges. If you suspect your child has a seizure disorder, consult your health care provider. Only a physician, after thorough evaluation, can state that a person does or does not have the disorder.

Types of seizures

There are two major groups of seizures: primary generalized seizures and partial seizures. The difference between the types is how and where they begin.

Primary generalized seizures start with a widespread electrical discharge. Both sides of the brain experience this at once. Heredity may contribute.

Partial seizures start with an electrical discharge BUT are limited to one area of the brain. Something may have occurred to cause the seizure such as a head injury, stroke, tumor, infection in the brain or something related to brain formation before birth.

Types of primary generalized seizures:

Generalized Tonic-Clonic Seizures

- Sudden cry
- Fall
- Rigidity
- Muscle jerks for convulsion
- Shallow breathing or temporary suspended breathing
- Bluish skin
- Possible loss of bladder or bowel control

Atonic Seizures

- Child or adult will suddenly collapse and fall.
- Will recover after ten seconds to one minute.
- Will regain consciousness; stand and walk.

Myoclonic Seizures

- Sudden brief massive jerks that may involve several parts of the body.

Absence Seizures

- A blank stare, which begins and ends abruptly, lasting only a few seconds.
- May be accompanied by rapid blinking, chewing movements and upward rolling of the eyes.

Atypical Absence Seizures

- A blank stare, with a gradual beginning and ending; usually lasting five to 30 seconds.
- May be responsive (eye blinking, lips jerking).
- Seizure usually cannot be produced by rapid breathing.

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Types of partial seizures:

Simple Partial Seizures

- Jerking may begin in one area of the body, arm, leg or face.
- Jerking can't be stopped, but person stays awake and aware.
- Jerking may move from one part of the body to another.
- Person may hear or see things that aren't there; may feel unexplained fear, sadness, anger or joy.
- Person may experience nausea.

Complex Partial Seizures

- Starts with blank stare, followed by chewing, then random activity.
- Person may be unaware of surroundings, act dazed or will mumble.
- May be unresponsive, clumsy.
- May pick at clothing, objects.
- May run or appear afraid.
- Person will have no memory of seizure.

Secondarily Generalized Seizures

- Begins as a partial seizure (in one area of the brain) then quickly moves throughout the entire brain more like a generalized seizure.

Febrile (fever-caused) seizures can occur when a child's temperature rapidly rises to 102 degrees or higher. This type of seizure mostly affects children ages 3 months to 5 years and is not the same as epilepsy, although they may be the first symptom of a seizure disorder. Febrile seizures tend to run in families and may occur more than once.

Managing seizures

In most cases, seizure management or first aid means keeping a child safe while the seizure runs its course. Fortunately, most seizures are brief and stop within several minutes. The first step in any seizure management plan is to get your doctor's advice. He knows your child's seizure history and is in the best position to help you plan an appropriate response, which may include medication.

Standard first aid during seizures

- Do not place anything in the mouth.
- Protect the child from injury while the seizure continues, but don't forcefully restrain movements.
- Turn child on his side to prevent choking and keep airway open.
- Place something flat and soft under the head; loosen tight neckwear, belts.
- As the jerking process slows down, make sure breathing is unobstructed and returning to normal (if not, CPR may be necessary).
- Do not try to give medicine or fluids until the child is fully awake and aware.
- Reassure the child and gently help re-orient him as consciousness returns.
- Child may sleep after seizure.
- A parent should always be notified of any type of seizure.

What to tell your doctor

Most doctors will never see your child have a seizure. It will help the doctor if you write down what your child was doing just before the seizure began, what happened during the seizure, how long it lasted and how quickly your child recovered afterwards.

It is usually not necessary to call a doctor or ambulance **unless**:

- The child does not start breathing within one minute after the seizure. CPR should be started.
- This is the child's first seizure.
- The seizure occurs in water (bathing, swimming, etc.).
- A child is injured, has vomited or has diabetes.
- A second seizure occurs right after the first.
- A seizure lasts more than five minutes.

A child will not remember the incident when it is over and the seizure is painless to the child.

For more information contact Guilford County Department of Public Health at 336-641-7777 or www.myguilford.com