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What We Will Cover Today

Why Seizure First Aid?	Seizures and Epilepsy	Seizure Recognition	Seizure First Aid
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1 Why Seizure First Aid?

Why Should I Know Seizure First Aid?

Anyone, anywhere can have a seizure.

1 in 10
people will have a seizure during their lifetime.

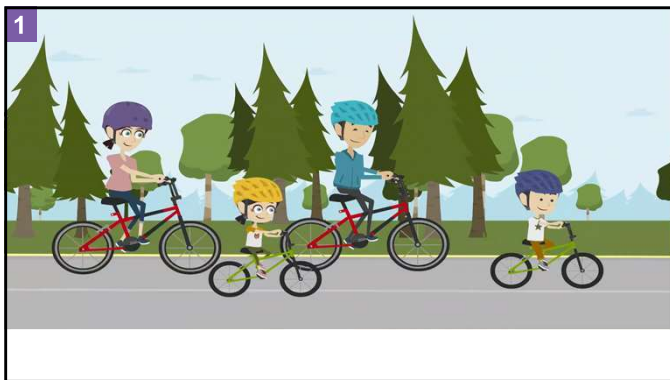
You can help.

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1

ACTIVITY:

DID YOU KNOW...

INSTRUCTIONS:

1. Raise your hand when you know a statement
2. Keep your hand up if you already know these facts about seizures
3. Put your hand down when you hear something that you do not know.

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DID YOU KNOW ...

EVERYONE can learn Seizure First Aid

Most seizures are NOT medical emergencies	A person may NOT be aware they are having a seizure	Seizures are NOT contagious
A person can NOT swallow their tongue during a seizure	Epilepsy IS a medical disease	A person CAN die from a seizure

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Risks Related to Seizures

- Physical injury
- Difficulty breathing
- Drowning
- Prolonged Seizure Activity
- Seizure emergencies
- Early death
 - Accidents or drowning
 - Breathing or heart problems

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1 Risks Related to Epilepsy

- Sudden Unexpected Death in Epilepsy (SUDEP)
- Suicide



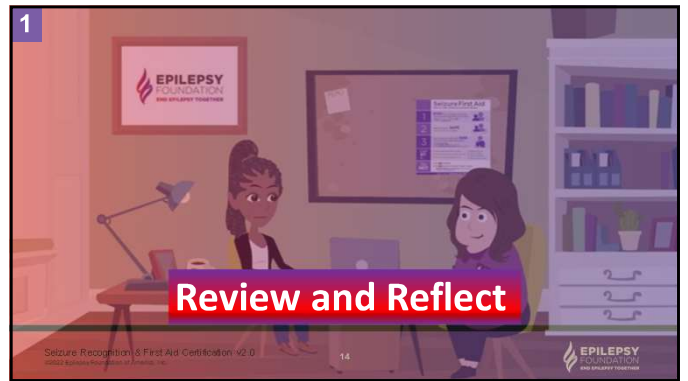
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Review and Reflect

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Knowledge Checks

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1 Knowledge Check

Anyone with a brain can have a seizure.

(True or False?)

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1 Knowledge Check

Which of the following statements are not true?

1. A person is always aware they are having a seizure
2. Seizures are contagious
3. A person cannot swallow their tongue during a seizure
4. A person cannot die from a seizure
5. Epilepsy is a medical disease

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2 The Brain And Seizures

- A seizure occurs when there is a temporary change in the way the brain sends electrical signals
- When a seizure happens, there is a “short circuit” in the way messages are sent between brain cells
- Seizures can occur with other conditions

 A cartoon illustration of a woman with long, wavy brown hair, wearing a black blazer over a purple top. She is looking slightly to the right.

2

2 What Is Epilepsy?

Epilepsy means that a person is at risk for **unprovoked recurrent seizures**.

- There are many different “types” of epilepsies
- It does not indicate the **cause**
- It does not indicate a **prognosis**

 A large, 3D-style red question mark is positioned on the right side of the slide.

3

2 Common Causes of Seizures

- High temperature (fever or heatstroke)
- Brain injuries
 - Head trauma
 - Stroke
- Severe dehydration
- Brain disorders
 - Genetic syndromes
 - Neurodegenerative disorders
- Brain tumors
- Brain infections

 A photograph of a human brain on a stand, with a glass of orange juice in the foreground.

4

2 Seizure Triggers

Missed Medicines +	Lack of Sleep +	Stress +
Alcohol & Recreational Drugs +	Hormones +	Sensitivity to Light +
Other Illnesses +	Nutritional Deficiencies +	Over the Counter Medication +

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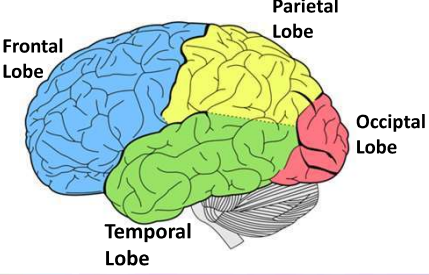
2 What Do Seizures Look Like?

- Seizures are often portrayed in one way
- Seizures do present in different ways
- Symptoms are individual

 A cartoon illustration of a grocery store scene. A woman is pushing a shopping cart, and another woman is standing nearby. A cashier is visible at the counter.

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2 **Explore the Brain**



Frontal Lobe
Parietal Lobe
Occipital Lobe
Temporal Lobe

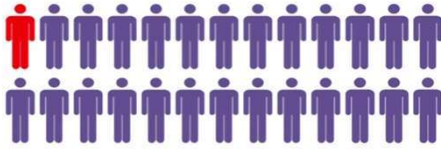
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Rate of Epilepsy **1 in 26**



people in the United States will be diagnosed with epilepsy during their lifetime.

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2 **Who Has Epilepsy?**

- 65 million people worldwide
- 3.4 million people in the United States
- 470,000 children and youth in the United States
- 1 million older adults (age 55+) in the United States



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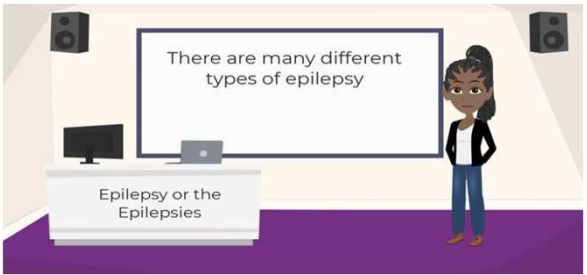
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2 **Epilepsy or the Epilepsies**

There are many different types of epilepsy



Epilepsy or the Epilepsies

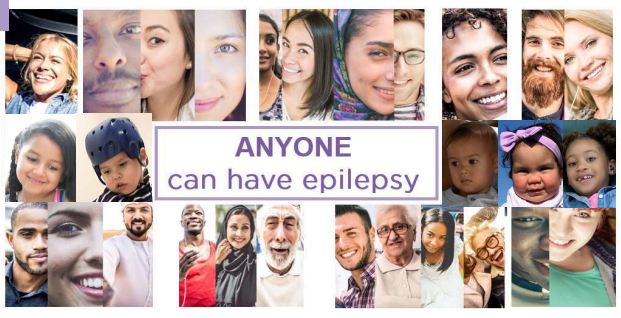
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2



ANYONE can have epilepsy

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Knowledge Checks

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Knowledge Check

In the U.S. about ___ million people have active epilepsy.

- 1.3
- 3.4
- 7
- 11.2

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Knowledge Check

What are some seizure triggers?

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Knowledge Check

Epilepsy means that a person is at risk for _____ seizures.

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Seizure Recognition

Anything the brain can do normally, the brain can do during a seizure.

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3 Seizure Types

The brain is divided into two hemispheres

- Focal onset seizures: begin in one hemisphere
- Generalized seizures: begin in both hemispheres
- Unknown seizures: not sure where it begins

Determine if AWARENESS is affected

↓

Look for other SYMPTOMS

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3 Recognizing Seizures

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Back to slide

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Back to slide

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3 What To Look For During A Seizure

<ul style="list-style-type: none"> • What did you see or hear first? • Was person able to tell you if they didn't feel well? <p>EARLY SIGNS</p>	<ul style="list-style-type: none"> • What happened next? • Was person awake, confused, not conscious? • What part of face and body involved? • Did you notice changes in speech or behavior? <p>DURING SEIZURE</p>	<ul style="list-style-type: none"> • How long did seizure last? • Did person quickly return to usual? • Was person tired, confused, describe other symptoms? <p>AFTER SEIZURE</p>
--	---	---

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3 Seizure With No Change In Awareness


Focal Aware Seizure

- Fully awake and aware
- Any change in behavior:
 - Motor:** rhythmic twitching, or jerking (face, extremities)
 - Sensory:** tingling, sounds, smells, visual changes
 - Psychic:** change in thinking, feeling, perceptions (fear, anxiety, déjà vu)



LENGTH:
1 to 3 minutes
May be confused with:
Psychosomatic illness
Mystical experience
Illicit drug use

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3 Seizure With Confusion or Not Aware


Focal Impaired Awareness Seizure

- Not aware or confused
- May have blank dazed stare
- AUTOMATISMS** (repeated purposeless movements)
- Clumsy movements
- May not be able to talk
- Often followed by tired, headache, nausea
- May become combative if restrained



LENGTH:
1 to 3 minutes
May be confused with:
Substance abuse
(alcohol, illicit drugs)
Aggressive behavior
Mental health problems

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3 Focal Impaired Awareness Seizure



#ShareMySeizure

Courtesy of Epilepsy Foundation and CBS News #ShareMySeizure

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3 Seizure With Staring And Not Aware


Generalized Absence Seizure

- Generalized seizure
- Affects both sides of the brain
- Presents with a pause or blank stare and brief lapse in awareness
- Person is absent for a moment
- May blink or chew
- May happen once or twice a day or up to fifty or one hundred times
- Person may appear confused or daydreaming




LENGTH:
less than 20 seconds
Often confused with:
Daydreaming
Attention problems

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3 Generalized Absence Seizure



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3 Seizure With Loss of Consciousness


Tonic Clonic Seizure

- A sudden, hoarse cry
- Loss of consciousness
- A fall
- Stiff body, arms, and legs [tonic] then rhythmic jerking [clonic]
- Shallow breathing, drooling may occur
- Possible loss of bowel or bladder control
- Lips and skin may look grey or blue
- Often followed by confusion, headache, fatigue, sore muscles, and difficulty with speech




LENGTH:
Typically between 1 and 3 minutes
Often followed by
confusion, headache,
tired, sore, tongue
bitten, speech difficulty

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3 Tonic Clonic Seizure



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3 Other Types of Generalized Seizures

Change in muscle tone or tension

- Loose or floppy, may fall like a rag doll – atonic
- Stiffness, may fall like a tree trunk - tonic

Twitching/jerking of muscles

- Brief jerks in muscle or group of muscles (myoclonic)
- Rhythmic jerking in part or all of body (clonic)




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Review and Reflect

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Knowledge Checks

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3 Knowledge Check

Can you identify the behaviors on the list that are typically associated with a focal impaired awareness seizure?

Hint: Seizure With Confusion or Not Aware

- Staring facial expression
- Body is stiff
- Repeated movements such as lip smacking, chewing movements, or fiddling with hands
- Person is aware of what is going on
- Confused or not aware of what happens during all or part of the seizure

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3 Knowledge Check

Can you identify the behaviors on the list that are typically associated with a generalized absence seizure?

Hint: Seizure With Staring And Not Aware

- Usually lasts less than 20 seconds
- Usually falls to the ground
- Brief lapse of awareness
- Loss of consciousness for at least 1-2 minutes
- Pause in activity with stare
- Stares blankly

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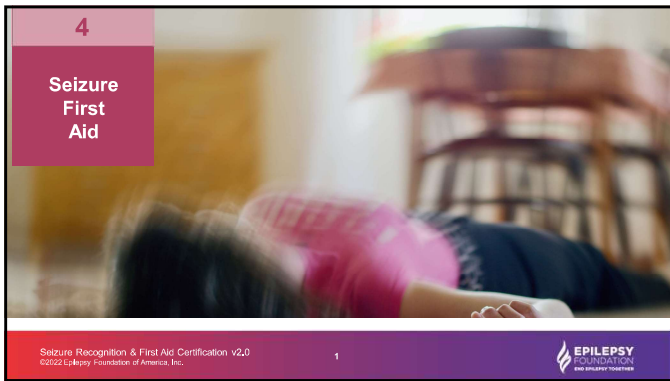
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3 Knowledge Check

Can you identify the behaviors on the list that are typically associated with a focal aware seizure?

Hint: Seizure With No Change In Awareness

- Person is not conscious
- Person stares for a few seconds
- Shallow breathing and drooling may occur
- Person is awake and aware
- Person may fall
- Sudden change in behavior, movements, feelings, etc.



1

4 The 3 Basic Principles of Seizure First Aid



STAY
SAFE +  **5**
SIDE

2

4 Seizure First Aid: How to help someone having a seizure

- 1 STAY** with the person until they are awake and alert after the seizure.
 - ✓ Time the seizure
 - ✓ Remain calm
 - ✓ Check for **medical ID**
- 2 Keep the person SAFE.**
 - ✓ Move or guide away from **harm**
- 3 Turn the person onto their SIDE** if they are not awake and aware.
 - ✓ Keep **airway clear**
 - ✓ Loosen **tight clothes** around neck
 - ✓ Put **something small and soft** under the head

3

4 Seizure First Aid Card / Poster

How to help someone having a seizure

- 1 STAY** with the person until they are awake and alert after the seizure.
 - ✓ Time the seizure
 - ✓ Remain calm
 - ✓ Check for **medical ID**
- 2 Keep the person SAFE.**
 - ✓ Move or guide away from **harm**
- 3 Turn the person onto their SIDE** if they are not awake and aware.
 - ✓ Keep **airway clear**
 - ✓ Loosen **tight clothes** around neck
 - ✓ Put **something small and soft** under the head

Call 911 if...

- Seizure lasts longer than 5 minutes
- Person does not return to their usual state
- Person is injured, pregnant, or sick

Do NOT


- Do NOT** restrain.
- Do NOT** put any objects in their mouth.
- Never** swallow any pills or give if prescribed by a health care professional.

Learn more: epilepsy.com/firstaid

4

4 Seizure Action Plan

- Helps organize information to care for those known to have seizures
- Made under the guidance of a healthcare team
- Helps you know what to do to prevent an emergency



5

4 Seizures are Unpredictable and Can Happen Anywhere

- Pay extra attention to safety
- Guide the person away from danger
- Don't restrain them unless absolutely necessary to prevent injury
- If they are about to fall or are unconscious lie them down, if possible
- Never leave the person alone
- Simple first aid may be all that is needed

Call for help if the person is alone and not recovering

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4 ANY SEIZURE Setting: Wheelchair

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4 Seizure With Loss of Consciousness Setting: In Water or When Swimming

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4 What NOT To Do

- 1 Do **NOT** restrain or forcibly hold the person down
- 2 Do **NOT** put any objects in their mouth
- 3 Do **NOT** give water or food until person is awake and able to swallow

Follow Seizure Action Plan
Rescue Therapy may be used as prescribed by health care provider

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4 Seizure First Aid Demonstration

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4 When To Call For Emergency Help

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4 What To Expect After A Seizure

The Recovery (*postictal period)

- Refers to time immediately after a seizure, before a person returns to their usual state of awareness and function
- How a person feels and functions will vary depending of type of seizure experienced

How to help?

- Help person to a safe place to rest
- Check if they are alert and aware
- Stay with them until another adult arrives

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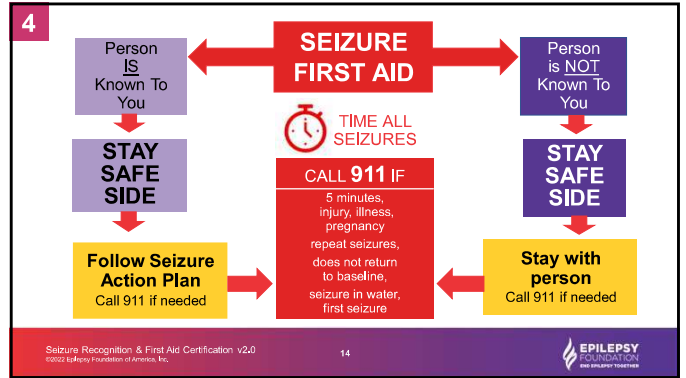
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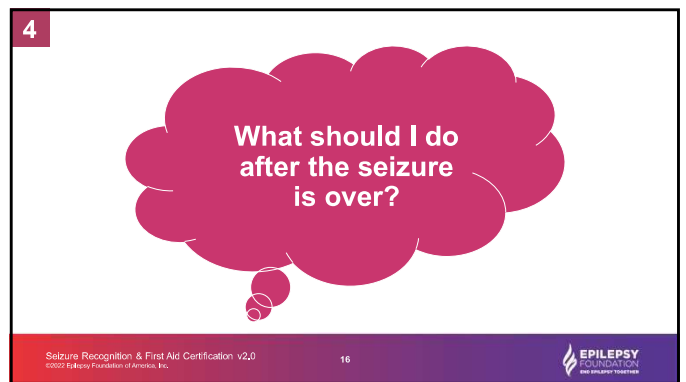


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4 When More Help Is Needed

- A person may have been prescribed a treatment to stop seizures that are too long or too frequent
- These treatments are called rescue therapies
- **Does NOT** take the place of usual seizure medicines or instead of emergency help.

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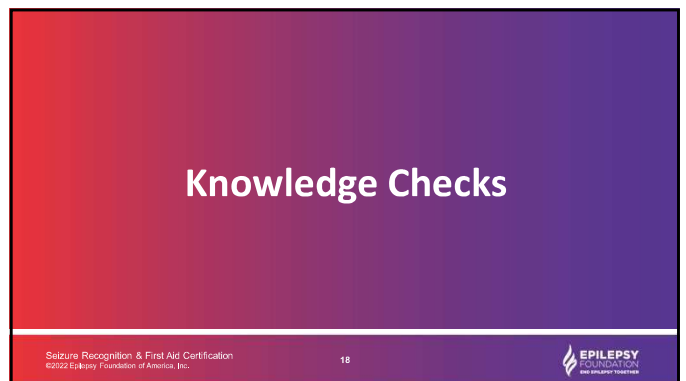
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4 Share What Happened During The Seizure

- How long did seizure last?
- What did you observe?
- Was the person injured?
- When, where seizure took place?
- Did person take any medicine?
- Was seizure different than usual?

Provide written notes if possible

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4

Seizure Scenarios

INSTRUCTIONS:

1. **Review** the seizure scenario
2. **Discuss** how you would apply seizure first aid (refer to first aid steps in slides or workbook)
3. **Discuss** the important things to look for during a seizure.
4. **Share** your seizure first aid response.

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You are in a grocery store parking lot...

As you are loading your car with grocery bags, you notice a young man nearby who looks "dazed". It seems like he is not paying attention. He stares straight ahead and is fiddling with his hands. He starts to walk towards a busy street.

What should you do?

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A friend suddenly falls to the ground while riding on the train...

On train ride home from work, you are discussing weekend plans with your friend. Suddenly she drops to the ground unconscious and her body is jerking. Someone called out for help, others moved away

What should you do?

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You are on a school field trip with a group of third graders...

As you are entering the museum you notice one child looks "dazed" and stops walking for a few seconds. When you ask if she is okay she says yes, but you notice the same thing keeps happening. She continues to look distracted and has trouble following instructions ...

What should you do?

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A cousin has shared that he has seizures, but you have never seen one. No one in the family ever talks about it...

At a family party, your cousin sits down beside you and says he is feeling scared and asks if something is burning. He starts breathing fast and looking around. He is able to talk but appears anxious. His brother walks over and says "Oh he's fine, he has these spells once in a while. He'll get over it." He's not feeling better after a few minutes, and it seems he is more nervous and confused as time passes...

What should you do?

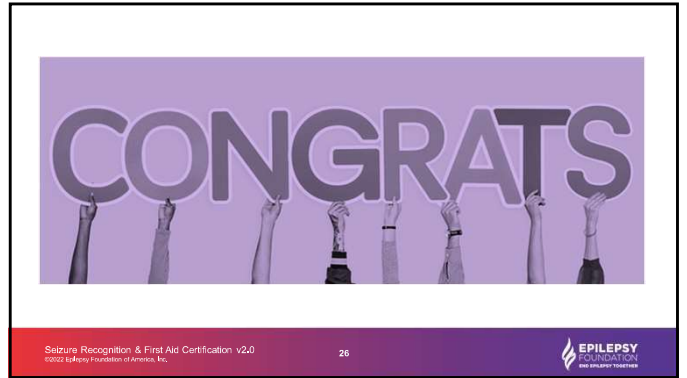
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Seizure Recognition and First Aid Certification Procedures

- Complete the post-assessments on the new **Epilepsy Learning Portal**
INSERT LINK
 - Write down the link or copy and paste from the chat box
 - Zoom will send you an automated e-mail tomorrow with the link to access the post-assessments.
 - Do not share the link with others
- Pass the knowledge questions on post-assessment (a score of at least 80% correctly answer 13 or more of 16 questions)

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Continuing Education Units

Available for certified health education specialists (CHES®/MCHES®)

Accreditation Statement:
 Sponsored by the Epilepsy Foundation, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES®) and/or Master Certified Health Education Specialists (MCHES®) to receive up to 1.5 total Category I continuing education contact hours. Maximum advanced-level continuing education contact hours available are 0. Provider ID#: 121739

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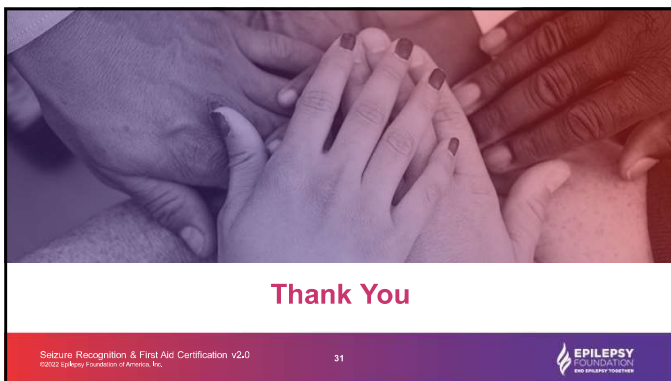
For technical support, please contact our Online Course Support Team at LMS_Helpdesk@efa.org; 847-348-0373

Where can I learn more about epilepsy?
 Visit epilepsy.com

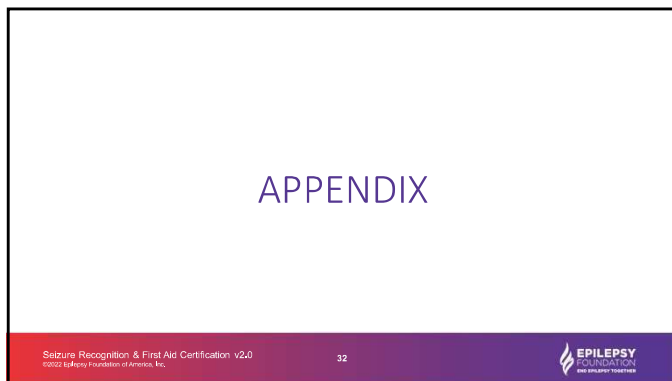
Call Epilepsy Foundation 24/7 Helpline at 800-332-1000

Contact your local Epilepsy Foundation

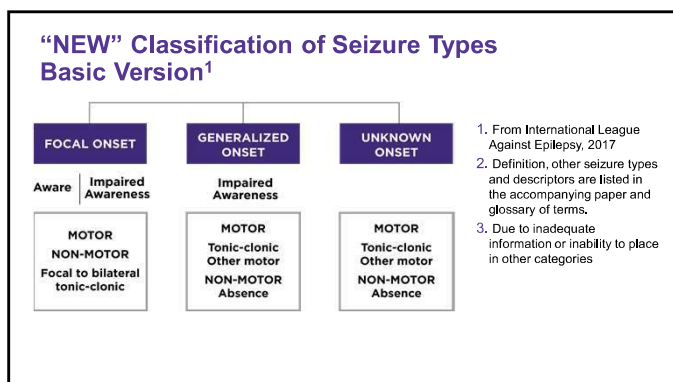
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