

# Spokane County Head Start/EHS SEIZURE HEALTH CARE PLAN

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Site/Room/FSC: \_\_\_\_\_

**Seizure type & history:**

**Warning Signs:**

**Description of seizure:**

**Plan During a Seizure:**

- Always stay with the child
- Position child to avoid choking on saliva
- If able, move the child to the floor and clear area of any hazards
- Do not restrain child or put anything in child's mouth
- Roll up something soft and place under the child's head
- Loosen any tight clothing and remove glasses if applicable
- Have someone remain with child until conscious and no longer confused

**CALL 9-1-1 IF:**

- **THIS IS THE CHILD'S FIRST GRAND MAL SEIZURE**
- **THE SEIZURE LASTS MORE THAN FIVE MINUTES**
- **THE SEIZURE IS FOLLOWED IMMEDIATELY BY ANOTHER**
- **CHILD SUSTAINS INJURY WHICH REQUIRES ATTENTION**
- **CHILD DOES NOT START BREATHING AFTER SEIZURE**

**If 9-1-1 is called: "A child at \_\_\_\_\_ (location) has had a seizure lasting more than 5 minutes"**

**After a Seizure:**

- Allow child to rest
- Notify the parent
- Record observations of seizure
- Contact Health Services Specialist and Nurse Consultant
- Help other children deal with the seizure. Talk about seizures, why they happen & what to do
- Fill out a Minor Incident Report

If you have any questions, please contact the Nurse Consultant or Health Services Specialist.

# SEIZURE RECOGNITION AND FIRST AID

SEIZURE TYPE	WHAT IT LOOKS LIKE	WHAT IT IS NOT	WHAT TO DO	WHAT NOT TO DO
<b>GENERALIZED TONIC CLONIC</b> (Also known as Grand Mal)	Sudden cry, fall, rigidity, followed by muscle jerks, shallow breathing or temporarily suspended breathing, bluish skin, possible loss of bladder or bowel control, usually lasts a couple of minutes. Normal breathing then starts again. There may be some confusion and/or fatigue, followed by return to full consciousness.	Heart attack.  Stroke.	Look for medical ID. Protect from nearby hazards. Loosen ties or shirt collars. Protect head from injury. Turn on side to keep airway clear unless injury exists. Reassure as consciousness returns. If single seizure lasted less than 5 minutes, ask if hospital evaluation wanted. If multiple seizures, or if one seizure lasts longer than 5 minutes, call an ambulance.	Don't put anything in the mouth. Don't try to hold the tongue, it can't be swallowed. Don't try to give liquids during or just after a seizure. Don't use artificial respiration unless breathing is absent after muscle jerks subside, or unless water has been inhaled. Don't restrain.
<b>ABSENCE</b> (Also called Petit Mal)	A blank stare, beginning and ending abruptly, lasting only a few seconds, most common in children. May be accompanied by rapid blinking, some chewing movements of the mouth. Child or adult is unaware of what's going on during the seizure, but quickly returns to full awareness once it has stopped. May result in learning difficulties if not recognized and treated.	Daydreaming. Lack of attention. Deliberate ignoring of adult instructions.	No first aid necessary, but if this is the first observation of the seizure(s), medical evaluation should be recommended.	
<b>SIMPLE PARTIAL</b> (Also called Jacksonian)	Jerking may begin in one area of body, arm, leg, or face. Can't be stopped, but patient stays awake and aware. Jerking may proceed from one area of the body to another, and sometimes spreads to become a convulsive seizure.  Partial sensory seizures may not be obvious to an onlooker. Patient experiences a distorted environment. May see or hear things that aren't there, may feel unexplained fear, sadness, anger, or joy. May have nausea, experience odd smells, and have a generally "funny" feeling in the stomach.	Acting out, bizarre behavior.  Hysteria. Mental illness. Psychosomatic illness. Parapsychological or mystical experience.	No first aid necessary unless seizure becomes convulsive, then first aid as above .  No immediate action needed other than reassurance and emotional support.  Medical evaluation should be recommended.	
<b>COMPLEX PARTIAL</b> (Also called Psychomotor or Temporal Lobe)	Usually starts with blank stare, followed by chewing, followed by random activity. Person appears unaware of surroundings, may seem dazed and mumble. Unresponsive. Action clumsy, not directed. May pick at clothing, pick up objects, try to take clothes off. May run, appear afraid. May struggle or flail at restraint. Once pattern established, same set of actions usually occur with each seizure. Lasts a few minutes, but post-seizure confusion can last substantially longer. No memory of what happened during seizure period.	Drunkenness. Intoxication on drugs. Mental illness. Disorderly conduct.	Speak calmly and reassuringly to patient and others.  Guide gently away from obvious hazards.  Stay with person until completely aware of environment.  Offer to help getting home.	Don't grab hold unless sudden danger (such as a cliff edge or an approaching car) threatens.  Don't try to restrain.  Don't shout.  Don't expect verbal instructions to be obeyed.
<b>ATONIC SEIZURES</b> (Also called Drop Attacks)	A child or adult suddenly collapses and falls. After ten seconds to a minute he/she recovers, regains consciousness, and can stand and walk again.	Clumsiness. Lack of good walking skills, drunkenness, acute illness.	No first aid needed, but the child should be given a thorough medical evaluation.	
<b>INFANTILE SPASMS</b>	These are clusters of quick, sudden movements that start between three months and two years.	Normal movements of the baby. Colic.	No first aid, but doctor should be consulted.	