

First fit

Information and advice for families/carers

You have been given this leaflet as your child has had a fit or episode of altered awareness without a temperature

What is a seizure?

A seizure is a sudden disturbance in the brain that affects how a person appears or acts. Seizures, and how your child recovers after them, can vary from one child to another. Sometimes, people call seizures fits, convulsions, attacks or episodes. They vary from child to child, from being quite noticeable events for some to 'going blank and staring' for others. One type of seizure is an epileptic seizure. There are many different types of epileptic seizures, and sometimes children can have events that look very similar to an epileptic seizure, but they are not. These include faints, tics, day dreams, sleep disorders and breath-holding attacks.

Is it epilepsy?

A single seizure does not mean your child has epilepsy. About one in twenty people may have a seizure at some time in their life. It is thought that up to 50% of people do not go on to have any further episodes in the future. There is usually no clear reason as to why a child has had a seizure, but if your child has more seizures they may need further investigation and/or treatment. Usually, for a first episode, investigations and follow up are not indicated. This is in keeping with our national UK guidelines.

Videotaping future episodes

A short 10 second video clip of an event frequently provides valuable information to the doctor trying to make a diagnosis. It saves trying to remember details during a stressful time. If seizure is at night turn on the light and pull back the covers. Film the whole body and also the face. It might be useful ensuring all carers know how to quickly access the video function on their mobile phone in case of another event.

First aid for a convulsive seizure

A convulsive seizure is where the child is stiff or shaking. The information below can help you to focus when your child is having a seizure. It can help you to give first aid to keep them safe.

Do:

- Stay calm, Protect them from injury (remove harmful objects from nearby) Cushion or gently hold your child's head to protect them from head injury.
- **Try and get a video.** Note the date and time the seizure started – if stiffness and / or jerking continues for **5 minutes or more you should call 999 for an ambulance.**
- Turn your child onto their side, into the recovery position, as soon as you are able. This can help with their breathing and help if they vomit or have other types of fluid in their mouth. Some noisy breathing and slight colour change is common.
- Stay with your child until they are fully recovered. Your child may be confused, drowsy or fall asleep after a seizure – reassure them if they are confused, let them rest or sleep if they are drowsy, make sure you keep an eye on them until they are fully recovered.

Do not:

- Restrain or restrict your child's movements
- Move your child unless they are in danger
- Put anything in their mouth or give your child anything to eat or drink until they have fully recovered





Call 999 for an ambulance if:

- You are concerned or need help
- You feel that your child needs medical attention for any reason
- The stiffness and / or jerking continues for 5 minutes or more
- One seizure follows another before your child has fully recovered
- Your child is injured, or you are worried about their breathing

Do I need to do anything differently after this first seizure?

It is important to let your child go back to nursery or school and enjoy their normal hobbies and activities. As your child has had a seizure recently, it is important to take extra care with some activities until your child has had their initial assessment.

Water safety – Extra care needs to be taken around water. A shower is safer than a bath. If a bath is the only option it should be supervised at all times by a responsible adult. Swimming in a pool when a lifeguard is present is safe but if swimming in open water an adult needs to be with the child and needs to be able to touch the bottom.

Road safety – If possible children/teenagers should walk with a friend or adult to and from school. Your child can still ride a bicycle or scooter, but they should wear a helmet and you should consider whether they are allowed to ride on roads or need to be supervised.

Heights – Climbing with a harness, in a playground or soft play with cushioned flooring is safe. Climbing ladders or trees should be avoided.

Sleep supervision – If your child has had a convulsive seizure you are likely to be worried about missing a seizure at night. Baby monitors could be considered so that you would be alerted to any noise.

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Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital. Email ruh-tr.pals@nhs.net or telephone 01225 825656/ 826319