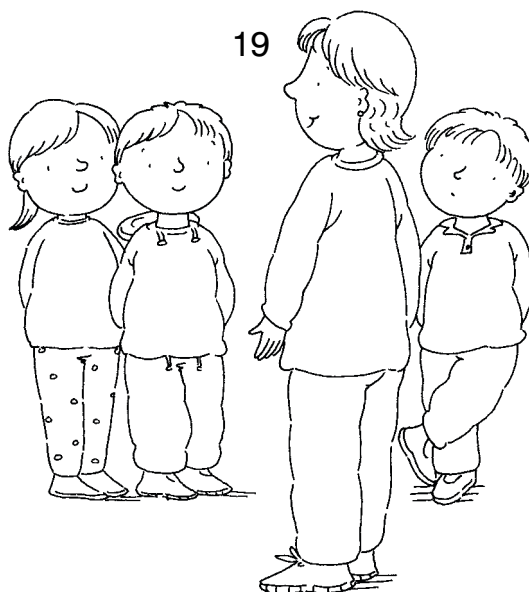


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Epilepsy is covered by the Disability Discrimination Act (2001), which means that no child can be refused a place at school or nursery due to their condition.

What is Epilepsy?

Epilepsy is the most common serious neurological condition in the UK, and affects one in every 131 people.

The term 'epilepsy' is used to describe recurrent seizures, and comes from the Greek word meaning 'to take hold of, or seize'.

A seizure can be described as a short-circuit in the brain, which triggers an electrical storm, resulting in a loss of control depending on which part of the brain is affected.

Neurons transmit electrical messages between one another and if there is chemical imbalance, these messages are all triggered at once, causing a seizure. The effect on the body depends on where the disturbance occurs in the brain.

The brain is divided into two halves or *hemispheres*, with four *lobes* in each. Each of these controls a different part of the body. Each hemisphere controls the

opposite side of the body, which is why an injury on one side of the brain affects the opposite side of the body.

Partial seizures include 'milder' cases of epilepsy, which can be as simple as a funny taste in the mouth, or the jerking of one limb. Sometimes these can be a warning that a more serious seizure is about to occur, and are known as 'auras'.

In most cases, children who suffer from partial seizures do not lose

consciousness, though they may become confused or disorientated.

Generalised seizures can be much more alarming for carers, as the child will lose consciousness, and is at greater risk of injury.

There are over 40 seizure types which come under two main categories: partial and generalised.

Partial seizures only affect part of the brain, whereas generalised seizures affect the whole brain.

Partial seizures

Simple partial seizures (focal cortical seizures)

The child will not lose consciousness during the seizure but will lose control of certain body movements. The child's senses may be distorted causing him to see, hear, or smell things that are not there.

They may also experience unusual feelings. The child will usually be able to talk and answer questions during the seizure and will most likely remember what has occurred after the seizure. **Simple partial seizures typically last two to ten seconds, but may last longer.**

Complex partial seizures (psychomotor or temporal lobe seizures)

The degree of consciousness during these seizures depends on the child. During the seizure he may stop, stare and will become unaware of what is happening around him. He may produce inappropriate behaviour (tapping the desk, picking at his clothes, making chewing movements or wandering around).

After the seizure the child will probably be confused and disorientated. **Complex partial seizures typically last two to four minutes.**

Generalised seizures

Tonic-clonic seizures (formerly grand mal)

During a tonic-clonic seizure the child will suddenly become stiff, lose consciousness and fall to the floor (tonic phase). He may let out a loud cry as the muscles in the chest and larynx contract, and as the air rushes between the vocal chords a sound is made.

Don't panic, as this cry does not mean that the child is in pain. His limbs will then begin to jerk rhythmically (the clonic phase). It's quite normal for a child to become incontinent during this type of seizure and he may bite his tongue, which can cause bleeding. However, never put anything in the mouth to prevent this.

Saliva that has not been swallowed during the seizure may froth at the mouth and breathing can become irregular, sometimes leading to the child turning blue at the lips. If the seizure is within their 'normal' time limit, don't panic.

Emergency Treatments

Generalised seizures are potentially much more dangerous than partial seizures. They affect the whole brain, which results in a loss of consciousness and can cause injury due to a fall. If the seizure lasts longer than five minutes, it can also cause damage to the brain.

It is, therefore, vitally important that staff know what to do in the case of an emergency. Please refer to, and copy, the emergency procedure page opposite.

It should be noted that staff are under no legal obligation to administer medication, so the wishes of both staff and parents should be made clear in the ICP.

There are currently two main emergency treatments that can be administered if a child has a prolonged seizure. These are *rectal diazepam* and *buccal medazolam*.

Rectal diazepam is a ready prepared solution that is administered as the name suggests: rectally. *Buccal medazolam* comes as liquid drops that should be placed inside the child's cheek. Due to

child protection issues with the administration of rectal diazepam, buccal medazolam is now more frequently prescribed.

Emergency treatments should be thoroughly outlined, so as to avoid any confusion. The parents should sign a consent form for all medicines to be administered, and this is included in the ICP.

‘ It should be noted that staff are under no legal obligation to administer medication, so the wishes of both staff and parents should be made clear in the ICP. ’

If staff are willing to administer rectal diazepam in an emergency, training can be arranged through the National Society for Epilepsy (contact details at rear of booklet).

The recovery position



Aid the child breathing by gently placing him in the recovery position, above, once the seizure is finished

Emergency procedure for generalised Epilepsy seizures

- stay calm;
- ensure that the child is in a safe place, away from any objects that may cause harm;
- quietly remove other children from the area, so as to avoid embarrassment in case of incontinence;
- do not restrain the child or put anything in his mouth;
- time the length of the seizure;
- call an ambulance if the seizure lasts more than five minutes, or two minutes longer than normal;
- depending on the child's care plan, administer emergency medication with at least one same-sex witness as the child;
- once the child has stopped fitting, roll him into the recovery position;
- let the child rest for as long as he needs;
- only give food or liquids when the child is fully conscious again.