Childhood Seizure

Your child has had a *seizure* (convulsions). If this is the first seizure, it may have been a frightening experience.

CAUSES

A seizure disorder is a sign that something else may be wrong in the central nervous system. Seizures occur because of an abnormal release of electricity by the cells in the brain. Initial seizures may be caused by minor viral infections or raised temperatures (*febrile seizures*). They often happen when your child is tired or fatigued. Your child may have had jerking movements, become stiff or limp, or appeared distant. During a seizure your child may lose consciousness. They may not respond when you try to talk to them or touch them.

DIAGNOSIS

- The diagnosis is made by the child's history, as well as by electroencephalogram (EEG). An EEG is a painless test that can be done as an outpatient to determine if there are changes in the electrical activity of your child's brain. This may indicate if they have had a seizure. Specific brain wave patterns may indicate the type of seizure and help guide treatment.
- Your child's doctor may also want to perform a CT scan or an MRI of your child's brain. This will determine if there are any neurologic conditions or abnormalities that may be causing the seizure. Most children who have had a seizure will have a normal CT or MRI of the head.
- Most children who have a single seizure do not develop epilepsy which is a condition of repeated seizures.

HOME CARE INSTRUCTIONS

- Your child will require follow up with their caregiver. Further testing and evaluation will be done if necessary. Your child's caregiver or the specialist to whom you are referred will determine if long-term treatment is needed.
- After a seizure, your child may be confused, dazed, and drowsy. These *symptoms* (problems) often follow seizure activity. Medications given may also cause some of these changes.
- It is unlikely another seizure will happen immediately follow the first seizure. This pause is a *refractory period*. Because of this, children are seldom admitted to the hospital unless there are other conditions present.
- A seizure may follow a fainting episode. This has likely been caused by a temporary drop in blood pressure. These *syncopal* (fainting) seizures are generally not a cause for concern. Often no further evaluation is needed.
- Headaches following a seizure are common. These will gradually improve over the next several hours.
- Follow up with your child's caregiver as suggested.
- Your child should not drive (teenagers), swim, or take part in dangerous activities until OK'd by their caregiver.

IF YOUR CHILD HAS ANOTHER SEIZURE:

- Remain calm.
- Lay your child down, on their side, in a safe place (such as a bed or the floor), where they cannot get hurt by falling or banging against objects.
- Turn their head to the side with their face downward so that any secretions or vomit in their mouth may drain out.
- Loosen tight clothing.
- Remove your child's glasses.
- Try to time how long the seizure lasts. Record this.
- Do not try to restrain your child; holding your child tightly will not stop the seizure.

- Do not put objects or your fingers in your child's mouth.

SEEK IMMEDIATE MEDICAL CARE IF:

- There is a second seizure for your child.
- There is any change in the level of your child's alertness.
- Your child is irritable or there are changes in your child's behavior.
- You are worried that your child is sick or is not acting normally.
- Your child develops a severe headache, a stiff neck or an unusual rash.

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