



Central Health Board

of Khoja Shia Ithna-Asheri Supreme Council

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Ref: CHB/Bulletin/2011/112

Date: May 12th, 2011

CHB NEWS BULLETIN



FIRST AID (A SERIES OF TUTORIALS)

Tutorial No. 6: Seizures/Epileptic Fit

A seizure - also called a convulsion or fit - consists of **involuntary contractions of many muscles in the body**.

The condition is due to a disturbance in the electrical activity of the brain. Seizures usually result in loss or impairment of consciousness.

The most common cause is epilepsy. Other causes include:

- Head injury
- Some brain damaging diseases
- Shortage of oxygen or glucose in the brain
- The intake of certain poisons including alcohol.

Epileptic seizures are due to recurrent, major disturbances of brain activity. These seizures can be sudden and dramatic. Just before a seizure, a casualty may have a brief warning period (aura) with, for example, a strange feeling or a special smell or taste.

No matter what the cause of the seizure, care must always include maintaining an open, clear airway and monitoring the casualty's vital signs - level of response, pulse and breathing. You will also need to protect the casualty from further harm during a seizure and arrange appropriate aftercare once they have recovered.

Recognition features

General recognition features are:

- Sudden unconsciousness
- Rigidity and arching of the back
- Convulsive movements.



In epilepsy the following sequence is common:

- The casualty suddenly falls unconscious, often letting out a cry.
- They become rigid, arching his back.
- Breathing may cease. The lips may show a grey-blue tinge (cyanosis) and the face and neck may become red and puffy.
- Convulsive movements begin. The jaw may be clenched and breathing may be noisy. Saliva may appear at the mouth and may be blood-stained if the lips or tongue have been bitten. There may be loss of bladder or bowel control.
- Muscles relax and breathing becomes normal; the casualty recovers consciousness, usually within a few minutes. They may feel dazed or act strangely. They may be unaware of their actions.
- After a seizure, the casualty may feel tired and fall into a deep sleep.

Your aims

- To protect the casualty from injury
- To give care when consciousness is regained
- To arrange removal of the casualty to hospital if necessary.

Treatment

- If you see the casualty falling, try to ease the fall
- Make space around them; ask bystanders to move away.
- Remove potentially dangerous items, such as hot drinks and sharp objects
- Note the time when the seizure started
- If possible, protect the casualty's head by placing soft padding underneath it
- Loosen clothing around the neck.

When the seizure has ceased

- Open the airway and check breathing
- Be prepared to give rescue breaths and chest compressions.
- Place them into the recovery position if the casualty is unconscious but breathing normally
- Monitor and record vital signs - level of response, pulse and breathing
- **Note the duration** of the seizure.

Caution

- **Do not** move the casualty unless they are in immediate danger.
- **Do not** put anything in their mouth.
- **Do not** use force to restrain them.
- **Do not** splash water on the patient's face.

Warning:

If any of the following apply, dial 112 or call for an ambulance.

- The casualty is unconscious for more than 10 minutes.
- The seizure continues for more than 5 minutes.
- The casualty is having repeated seizures or having their first seizure.
- The casualty is not aware of any reason for the seizure.

“Community’s health – CHB’s priority”