



Probable first convulsive seizure

Information leaflet for parents

Does my child have epilepsy?

One in ten people will have one seizure in their life-time. Having one seizure does not mean a person has epilepsy (this includes children with several seizures within 24 hours). Therefore, treat your child as you normally would!

What is a seizure?

Seizure has many other terms: fits, convulsions, jerks, shakes. There are several types of seizures. A convulsive seizure is a seizure with rhythmic limb jerking.

Will my child have another seizure?

If a child has had a first convulsive seizure, the chance of them having another seizure is less than one in two. Most children do not need further investigations or treatment. There is currently no evidence that treatment prevents subsequent epilepsy. It is rare that a seizure will lead to a serious problem

If they do happen again, most recurrences often occur within one or two years of the initial seizure. There are some practical steps to reduce risk of injuries.

- Avoid the risk of falls from a height.
- Make sure your child wears a helmet on a bicycle.
- Supervise activities that involve water (such as a buddy system when swimming, take showers rather than baths, unless supervised)

What do I do if my child has another seizure?

- Stay with your child and note the time it started.
- Lie your child on their side, this helps any moisture to drain out of the mouth.
- Make sure your child does not hurt themselves during the convulsion.
- Do not attempt to put anything between your child's teeth, or in the mouth.
- Expect your child to look very pale or temporarily blue round the lips, during the convulsion.

Call an ambulance if the convulsion lasts more than five minutes, or your child remains unresponsive.

What can I do to help?

Many parents find the seizures very frightening, but it would help us make the right diagnosis if you take note of the following:

- what the child was doing just before the seizure
- which side did the seizure start- maybe one or both sides
- what did the child look like during the seizure: particularly the face and eyes- any abnormal movements and colour change
- what happened afterwards any confusion, sleep, or injuries- especially tongue biting
- Videoing any further seizures would help a specialist make an accurate diagnosis.

If the seizure is short and the child has fully recovered, make an appointment to see your GP. If the seizures are frequent and/or long lasting, then you should bring your child to the Accident and Emergency department.

For further information:

Dr Yeung's secretary 0161 291 2269. Starlight Children's Ward 0161 291 2248/2669

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