My child has had an epileptic seizure. What does this mean?

What is an Epileptic Seizure

Your brain controls your body and your thinking by electrical messages. An epileptic seizure occurs when your child’s brain has temporary abnormal electrical activity that causes unusual movements, behaviour or funny feelings for your child. Normal brain function cannot continue until this abnormal electrical activity stops.

It is common for parents to fear that their child is going to die when they have an epileptic seizure. Although epileptic seizures can be frightening and awful to watch, they will stop. It may seem like the seizure goes on forever but most epileptic seizures last less than 5 minutes. Seizures of this duration do not cause any brain damage.

There are many different kinds of epileptic seizures. Some seizures can be quite subtle. For example, an epileptic seizure may consist of only blank staring for a few seconds. Epileptic seizures can also sometimes be quite bizarre and children can have quite inappropriate behaviour or feel very scared. Other epileptic seizures have obvious movement changes where one part or the whole body can go stiff and/or jerk quite violently.

Some older children may experience an unusual feeling of an “aura” just prior to the beginning of an epileptic seizure. This feeling may be a funny smell, a headache, a taste in their mouth or a stomach pain. If they have an aura before their seizures they may have time to tell you how they feel, or be able to lie on the floor so they are less likely to injure themselves.

Will my child require tests and investigations?

If your child has had an epileptic seizure they may require an EEG (electroencephalogram) which is a recording of their brain’s electrical activity. This can be done as an outpatient.

A MRI scan is also sometimes necessary to look at the structure of the brain. Whether your child needs an MRI will be determined by the type of seizure your child has and the results of the EEG.

Will my child have another epileptic seizure?

Most children who have a single epileptic seizure will never have another one. The investigations that your child will have will help determine how likely another seizure will be.

Some children have recurrent seizures and a diagnosis of epilepsy is then made. Epilepsy is a group of disorders of the brain where children have multiple epileptic seizures.
What should I do if my child has another seizure?

1. Try to stay calm – remember it will stop, your child is not going to die and it is not damaging their brain.
2. Move your child to a safe space. You may need to lie them down on the floor (or move furniture away from them) and protect the head if there is jerking movements.
3. Turn them on their side so they will not choke on saliva or vomit – you may need to wait until the jerking stops to do this.
4. Loosen tight clothing. Do not put anything in or near their mouth.
5. Stay with them until the seizure stops. Tell them quietly that you are right beside them and you will keep them safe.
6. Do not restrain their movements.
7. Take note of the time the seizure started. If the seizure lasts more than 5 minutes call an ambulance.
8. If you are able to (or there is someone else with you) try to get a video of the seizure with your phone to show your doctors.
9. Once the seizure is over, let your child rest for a while. They may remain confused, feel strange and experience sore muscles or have a headache for some time afterwards.
10. If they have bitten their tongue Paracetamol and an ice block can be helpful (when they are awake enough to take them).
11. Write down the details of what happened to your child (before and during the seizure) so that you can remember what to tell the doctor.

Myths about Epilepsy

You do not need to worry about your child swallowing their tongue – this is a myth. Do not try to put your fingers in your child’s mouth as you are likely to get them bitten or break your child’s teeth.

When do I need medical help?

When a subsequent seizure occurs it is not usually necessary to immediately call a doctor or an ambulance. You should let your family doctor know that another seizure has occurred so that they can inform the specialists. Your child’s investigations may need to be performed sooner than they would have been. After the investigations your doctors will have a discussion with you about whether medication is a good idea.

When do I call an ambulance?

- If an epileptic seizure continues for more than 5 minutes.
- If your child has two or more seizures in a row without waking properly between them.
- If your child has had a head injury or another injury has occurred during the seizure.
Do I need to do anything differently now that my child has had a seizure?

It is important to treat your child normally, just as you did before they had epilepsy. Having said that there are some situations where having a seizure could be dangerous. For six months after your child has had a seizure we recommend:

- Showers are safer than baths. If your child has a bath someone should be close enough to help if your child has a seizure. For older children that might mean the door to the bathroom is ajar and someone is listening outside.
- Swimming is an important skill to learn for all children. However if a child has had a seizure it is important to take extra care near water. There should be someone who is watching your child closely while they are in the water. The observer should be close enough (and have the skills) to be able to get your child out of the water if they have a seizure.
- Your child should always be wearing a helmet while on a bike. Biking off road is fine but they should not bike on the road.
- Your child should avoid climbing trees. Playing in a playground is fine as even children without seizures fall off this equipment and they are designed with that in mind (safety mats etc.).

Who to contact for more information or support

Epilepsy New Zealand has educators who can answer any questions you may have and can act as a support person for you. You can contact your local educator at 0800 37 45 37.