

Steps in rescue management

for prolonged, acute,
convulsive seizures

A guide for parents and carers



Young Epilepsy and ViroPharma have come together to develop an educational campaign to support parents, education providers and other carers for children with epilepsy, to aid good practice in implementing rescue management of prolonged, acute, convulsive seizures in the community.

What is epilepsy?

- The brain contains millions of nerve cells that use electric signals to communicate with each other and control how we think, move and feel.
- If these signals are disrupted, or an abnormal electrical discharge occurs in the brain, this disturbs this electrical messaging and may cause an epileptic seizure.
- There are many different types of seizures (sometimes known as 'fits') but they tend to fall into two main categories:

- **Focal seizures** (sometimes called partial seizures), which affect only one part of the brain
- **Generalised seizures** which affect all parts of the brain

Understanding seizures

- In **focal seizures**, how the person behaves depends on where in the brain this burst of electrical activity occurs.
- The person may not become unconscious but their level of awareness may change. They may become blank and unresponsive, and have no memory of the seizure afterwards.
- Other symptoms of focal seizures include:

- **changes in sensations**, such as taste
- **tingling feeling**
- **nausea**
- **disturbed vision**
- **strange movements**, such as picking at clothes or wandering around


- In **generalised seizures**, the whole brain is involved in this burst of electrical activity and the person will become unconscious.
- The most recognisable type of generalised seizure is the 'tonic-clonic' or generalised convulsive seizure, in which the person becomes stiff and falls to the floor as they become unconscious.
- During the seizure, the person may shake and jerk (convulse) as their muscles relax and tighten rhythmically. Their breathing might also be affected.

How can a seizure be treated?

- Antiepileptic drugs are used to prevent seizures from occurring, but approximately 1 in 3 children may still experience seizures, despite treatment with antiepileptic drugs.
- Epileptic seizures are usually brief, and most seizures stop themselves after 1–2 minutes without any need for assistance.
- Although most seizures stop without the need for any intervention, some may become prolonged, lasting 5 minutes or more. Many children with epilepsy are prescribed emergency or rescue medication to treat such prolonged seizures.

- Seizures often occur without warning, so it is vital that everyone involved with the child knows how to keep them safe during a seizure, particularly *if it continues for 5 minutes or more*

- For every child with epilepsy, an individual healthcare plan should be in place, which will include instructions about the use of rescue medicines.
- Two rescue medicines in use in the UK are midazolam, given buccally (in the side of the mouth between the cheek and gum) or diazepam, which is given rectally (in the back passage).



Please turn over for details of the **5 steps** for rescue management of prolonged, acute, convulsive seizures



Steps in rescue management to follow if a child has a seizure:

1. **Note** the time when the seizure started
2. **Clear** the area to allow the child to move freely and safely
3. **Administer** rescue medication if the seizure lasts for 5 minutes or more
4. **Reassure** and **monitor** the child
5. **Call** an ambulance if the seizure continues for more than 5 minutes after giving rescue medication

Young Epilepsy Helpline

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Young Epilepsy is a national charity providing education, medical and support services for children and young people with epilepsy and other neurological conditions. We work in partnership with Great Ormond Street Hospital for Children NHS Trust and University College London's Institute of Child Health.

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Better futures for young lives with epilepsy



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