

**This leaflet is also available in large print and on computer disk.**

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Feedback from children, parents and carers helped us to develop this leaflet. If you have any comments or suggestions about how we can improve this leaflet, please let us know.

**Acknowledgment:**

This leaflet was developed with the invaluable assistance of the Epilepsy Link Nurses from NHS Orkney and NHS Shetland. Many thanks to them for their help and support.



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# ***First seizure***

## ***Information for patients and carers***







## **Contact telephone number**

If you would like more information about your appointment at the clinic, you can contact a nurse with specialist neurology experience on the telephone numbers below:

### **Children's Epilepsy Specialist Nurse**



Department of Neurology

Royal Aberdeen Children's Hospital

 **(01224) 559528** 



### **Epilepsy Link Nurse**

NHS Orkney

 **(01856) 888262** 



### **Epilepsy Link Nurse**

NHS Shetland

 **(01595) 743362** 

### **Ward 2**

Dr Gray's Hospital, Elgin

 **(01343) 567579** 

## **About your hospital visit**

### ***Who is this leaflet for?***

This leaflet is for parents/guardians of children who have had a seizure, blackout or funny turn and have been referred to the hospital to help find out the cause.

### ***What causes seizures, blackouts or "funny turns"?***

These can happen for many different reasons for example; simple faints, low blood sugar, change in heart rhythm or abnormal electrical activity in the brain.

Some children have a single seizure and we often are unable to find the cause. Other children have a seizure as a result of epilepsy and may be at risk of more episodes in the future.

It is important that doctors try to find out what has caused your child's seizure so you can get the right treatment (where necessary) and information.

### ***Who will I see at the clinic?***

You will meet the clinic receptionists who will check your child's details and make any future appointments.

Your appointment is to see a doctor. Sometimes the doctor may have a student with them. If you want to see the doctor on your own, please tell one of the clinic nurses.

The doctor may also offer you the chance to see a nurse who specialises in dealing with seizures.

### ***What should I bring with me to the clinic?***

If possible it will help if you could bring the person who witnessed the seizure, blackout or "funny turn". If this is not possible ask them to give you a written account of the attack. It will help us if you or they can record:

- what your child was doing in the hour **before** the episode
- where did it happen
- what was your child doing at the time
- what happened during the episode
- how long did it last
- what was your child like afterwards.

If this is not possible please bring the person's contact details with you and with your permission, the doctor will contact them.

Before your appointment, please try and video any further episodes that your child has (on your mobile phone or camcorder).

### ***For seizures WITHOUT loss of consciousness (for example, child's conscious level is impaired and/or one side of the body is affected)***

- Note the time.
- Keep calm. Reassure the child and those around.
- Watch the seizure carefully.
- Let the seizure run its natural course, protecting the child firmly but gently from sources of danger
- Reassure the child when they regain full consciousness. Allow them to rest.

### ***Where can I get more information?***

Most available information is related to specific medical conditions involving seizures. Your doctor and specialist nurse will arrange your follow-up and give you specific information once all the tests are carried out and a diagnosis is made.

## The Recovery Position



Diagram showing the recovery position

(Diagram reproduced with the kind permission of Epilepsy Action)

## ***Will my child have any tests done?***

The doctor will carry out a physical examination during the consultation.

Your child may also have an ECG (a painless test which assesses your child's heart rhythm).

The doctors may request blood tests which may be done at the clinic.

The doctor may suggest tests such as an EEG (a painless test which assesses the electrical activity in your child's brain).

The doctor may suggest a head scan. Scans use different techniques to produce pictures of the brain. The doctor will discuss this with you.

These tests will not be done at the clinic.

You will be offered a separate leaflet which describes each of these tests in more detail.

## First aid information

Blackouts and seizures are frightening for the child who has them and for their family and friends. Here is some information which may help you if it happens again.

### When a child is having a seizure/blackout

- DO NOT** move unless in danger
- DO NOT** restrain or restrict movement
- DO NOT** put anything in the mouth
- DO NOT** give anything to eat or drink
- DO NOT** prop the child up or try and get them to walk

### *When should I call an ambulance?*

- If the seizure involves stiffening and jerking of the limbs and loss of consciousness and lasts longer than 5 minutes.
- If one seizure follows another without the child fully regaining consciousness.
- If the child is injured during a seizure or may have inhaled water while swimming or bathing.

### For seizures *WITH* loss of consciousness

- Note the time. A doctor may need to know exactly when the seizure started.
- Keep calm. Reassure the child and those around.
- Clear the space around the child to make them safe.
- Support the child on their side during the seizure if possible.
- Put something soft under the child's head (such as a firm cushion or a rolled up jacket).
- Loosen clothing around the neck and remove their glasses if worn.
- Watch your child carefully. What you see may provide a doctor with important information.
- When the seizure stops, if not on their side already, turn the child on to their side into the recovery position (unless in a wheelchair then reposition as necessary) so that the mouth can drain of saliva, blood or vomit. Make sure that their airways are clear.
- Reassure the child as they regain consciousness as they may be confused.
- Allow the child to rest.