

## Paediatric first seizure advice leaflet for parents

### What is a seizure?

An epileptic seizure occurs when there is an excess of electrical activity in the brain. A seizure can occur for many reasons including low blood sugar, high temperature, alcohol or drugs. **One in twenty people may have a once off seizure and never have another one again.**

### What is epilepsy?

Epilepsy is a neurological disorder in which a person has two or more unprovoked seizures greater than 24 hours apart. There can be increased risk factors for epilepsy to occur in a child including family history of epilepsy, delayed development or autism, but sometimes we do not know why it happens.

### Safety Advice:

Following a first seizure the highest risk of seizure recurrence is in the first 6 months. However, it can occur at any time. Therefore, we recommend increased safety precautions and considerations around certain activities including:

❖ **Bathing, swimming & heights.**

All children should wear all recommended safety equipment appropriate to the activity they are engaging in eg. Helmet on their bike / playing GAA etc. Your child should continue to lead a full and active lifestyle with these precautions in mind.

### Seizure first aid tips:

1. Ensure your child is in a safe place
2. Lie them in the recovery position
3. Time the seizure
4. Do **not** put anything into their mouth
5. Stay with them & call for help



### Rescue medication:

Following your child's first seizure, you may be discharged home with buccal midazolam – a rescue medication to be administered only in the event of a prolonged seizure.

If your child needs to be discharged with this medication you will be given an individualised plan and prescription and you will be shown how to administer it by a nurse or doctor prior to discharge.

### What happens next?

1. The initial reviewing doctor / team will decide whether your child needs acute admission following their first seizure or whether they are appropriate for the outpatient first seizure pathway.
2. Keep a diary of events. Try to video record any events that may occur.
3. Your child will be scheduled for a 20 minute, non-invasive assessment of brain activity (EEG) as soon as possible.
4. You will be seen in our ANP lead Rapid Access seizure clinic in approximately 6 weeks.
5. If there a further seizure occurs in the interim you can phone the Paediatric Neurology secretary and request a call from the Paediatric Epilepsy ANP to discuss your concern.
6. If your child has a second seizure and it is prolonged (lasting greater than 5 minutes) and / or you are required to give the rescue medication for the first time you must call an ambulance & you may be brought to the emergency department for observation and possible admission.