




See, Think, and Act! Seizures

California After School Resource Center
(CASRC)

Administered for the California Department of Education
(C.D.E.)

Hello, my name is Robyn Sakamoto. Welcome to the seizures training. This training will take approximately 30 minutes to complete. Let's get started!



Objectives

- 1) Identify signs of and recognize a seizure.
- 2) Respond to a child having a seizure.
- 3) Identify health resources for seizures.

Let's begin the training by reviewing the learning objectives. By the end of the training, you will be able to:

- 1) Identify the warning signs of and discuss how to recognize a seizure in a child,
- 2) Respond appropriately to a child having a seizure,
- 3) Identify and access health resources for children with seizures.

What are Seizures?

Seizures are:

- Intermittent, involuntary alterations in behavior, movement, and/or sensation.

Seizures can occur when:


- Brain signals transmitted along neurons (nerve cells) are disrupted.

Seizures can be:

- Obvious--overall body movements.
- Subtle--eyelids fluttering.



Seizures are defined as intermittent, involuntary alterations in behavior, movement, and/or sensation. Seizures happen because of abnormal activity in the brain. In the brain, signals are transmitted along special nerve cells called neurons. These neurons exchange electrical and chemical signals. When the signals are disrupted, a seizure can occur. During a seizure, a person has movements or feelings that he or she cannot control. Seizures can be very obvious, like overall body movements, or they can be very subtle, like eyelids fluttering.



Causes of Seizures

- Tumor, stroke, bleeding in the head
- Brain disease
- Hypoglycemia (low blood sugar)
- Infection
- Head injury
- Poison--drugs or environmental exposure
- Early development--injuries or defects
- Unknown

A seizure can be caused by many things. A seizure may be due to a brain tumor or another medical problem affecting the brain. Low blood sugar, infection, head injury, accidental poisoning, or drug overdose can cause a seizure. In addition, anything that results in a lack of oxygen to the brain can cause a seizure--injuries or defects during development, for example. In some cases, the cause of the seizure is never discovered.



Epilepsy: Chronic Seizure Condition


Diagnosis:

- When a person has repeated seizures

Seizures:

- Frequency varies between individuals
- 75% of epileptic seizures are of unknown cause.
- About 2/3 of children with epilepsy will outgrow the seizures by the time they are teens.

Epilepsy is diagnosed when a person has repeated seizures. In some cases, there may be years between seizures. At the other extreme, the seizures occur every day. For most, the frequency of seizures is somewhere in between these extremes. The underlying cause of 75 percent of epileptic seizures is not known. About two-thirds of children with epilepsy will outgrow the seizures by the time they're teens.



Recognize, Assist the Child, Get Help

Recognize:

- Identify the signs of a seizure.

Assist the Child:

- Plan responses to a seizure.
- Help effectively.

Get Help:

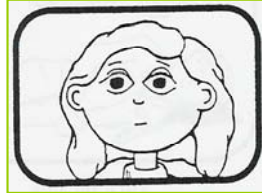
- Access health resources.

So how can you best help the child having a seizure in your program? You can learn to recognize the signs of a seizure, assist the child by planning responses to a seizure, and get help by accessing health resources for children with seizures.

Recognize the Symptoms



Confused speech



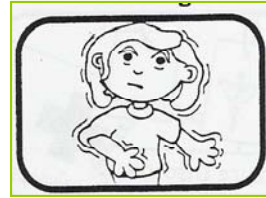
Blank staring



Fumbling



Wandering



Shaking

Every child with seizures will have different symptoms. These are some common symptoms that you might observe. Some children will have signs of confusion or inattention, such as fumbling or wandering away. Additional symptoms may follow--shaking or confused speech, for example. Some seizures are so slight that only an experienced eye can detect them. A child may simply blink or stare into space for a moment before resuming normal activity. Sometimes seizures can be scary--a child may lose consciousness or jerk or thrash vigorously. Seizures may leave a child confused or unaware of his or her surroundings.



Introducing Tomas

Tomas is a new kindergarten student who has recently been diagnosed with epilepsy. You call his name to remind him that his snack is ready. He doesn't respond. He is staring at a corner of the room.

What do you recognize?



Let's visit your program and take a look at one of your students. Tomas is a new kindergarten student who has recently been diagnosed with epilepsy. You call his name to remind him that his snack is ready. He doesn't respond. He is staring at a corner of the room. What do you recognize?

What Do You Recognize?

Possible signs of a seizure:

- Tomas is not hearing your snack announcement.
- Tomas is staring.



If you recognized that Tomas is not hearing your snack announcement, he is staring, and that these might be signs of a seizure in a child with epilepsy, then you are on the right track!

Assist the Child

Plan responses to a seizure:

- There are several steps to an appropriate response.



By recognizing the signs and symptoms of a seizure, you have begun the process of appropriately responding. Now, what else can you do to assist the child? There are several steps to an appropriate response. You must have a plan for appropriately responding to a seizure at your site.


Seizure Health Care Plan

The Seizure Health Care Plan includes:

- The diagnosis/type of seizures.
- The student's history of seizures.
- A description of typical seizure symptoms.
- A list of seizure triggers.
- A list of seizure medications.
- Instructions for care.



When a child with a seizure disorder attends a program, the program should have a Seizure Health Care Plan. A Seizure Health Care Plan should include the diagnosis, the type of seizures, how long the child has been having seizures, and a description of typical seizure symptoms. A list of seizure triggers--things that set off a seizure, should be included along with a list of medications that the child regularly takes for the seizure disorder. If the child has a seizure, follow the instructions for care listed on the Seizure Health Care Plan. A Sample Seizure Health Care Plan is available at the end of this training.



First Aid Measures

- Protect the child from danger.
- Lower the child to the ground.
- Protect the child's head from injury.
- Remove or loosen any tight clothing.
- Turn the child's head to the side.
- Talk quietly to the child.
- Stay with the child.

The instructions for care listed on the Seizure Health Care Plan should include seizure first aid measures. The first step to providing seizure first aid is to protect the child from danger and block hazards. There is no need to hold the child or put anything in the mouth, the tongue cannot be swallowed. If the child is using a walker or is in a chair, lower him or her to the ground. Protect the child's head from injury. You can do this easily by balling up a coat or jacket and placing it under the child's head or sitting cross-legged and laying the child's head in your lap. Remove or loosen any tight clothing. When the child is lying down, turn the child's head to the side to allow any secretions to drain. Talk quietly to the child. Reassure the child. Stay with the child.



When the Seizure is Over

- Roll the child on one side to drain fluids.
- Check to see if the child was injured.
- Stay with the child.
- Do not attempt to give food or drink.
- Get the child clean clothes, if needed.
- Document the incident.

When the seizure is over, roll the child on one side so that any fluid such as vomit or saliva drains from the mouth. The child will usually begin to breathe normally. If not, start mouth-to-mouth breathing. The child may be drowsy, disoriented, or unresponsive for a period of time. This is normal. Check to see if the child was injured during the seizure. Stay with the child until he or she is fully conscious and aware of his or her surroundings. Do not attempt to give food or drink until the child is fully alert. If the child has soiled clothes, he or she will need to change into something clean. Document the incident.


When to Call 9-1-1



If a student has a seizure, call 9-1-1 if the student:

- Is having his or her first or an unexplained seizure.
- Is having multiple seizures.
- Has any injury.
- Has diabetes.
- Is having difficulty breathing or stops breathing.

If a student has a seizure at your program, in most cases, you will be calling 9-1-1 for assistance. You should call 9-1-1 for the student's first or unexplained seizure, multiple seizures, any injury, apparent or suspected, any student with diabetes, and for any student who is having difficulty breathing, turns bluish in color, fails to regain consciousness, or stops breathing. If a student has a Seizure Health Care Plan from the health care provider with specific instructions about waiting to call 9-1-1, call 9-1-1 after the instructed number of minutes.



Documentation

Provide the following information to the Emergency Medical Service (E.M.S.) providers:

- Time of the seizure
- Duration of the seizure
- Location
- Associated conditions:
 - Fever? Changes in color or breathing? Injury?
- Appearance
- Interventions
- When the ambulance or parent/guardian arrived
- Student's appearance:
 - Confused? Thirsty? Weak?

You will need to provide the following information to the Emergency Medical Service (E.M.S.) providers when they arrive:

- The time of the seizure
- The duration (length of time) of the seizure
- The location--Was the seizure inside the classroom or outside?
- Associated conditions--Did you note any fever, change of color, change in breathing, any injury?
- Appearance of the seizure--What did the seizure look like?
- Interventions--What did you do?
- When (what time of the day) did the ambulance or parent arrive?
- Student's appearance after the seizure--Did the child appear confused? Thirsty? Weak?

When 9-1-1 Arrives



- Provide the full report to emergency personnel.
- Stay with the child.
- Call the parents/guardians.
- Accompany the child to the hospital.
- Remain with the child.

When emergency personnel arrive, give them a full report of the incident. Stay with the child. He or she might be scared. Again, call the parents. Tell them where you are going, and ask them to meet you at the Emergency Department. A staff member should be with the child at all times, and should go with the child in the ambulance if the parents have not arrived. Bring a copy of the child's emergency information. Stay with the child until the parents arrive at the emergency room.



Review: Recognize, Assist the Child, Get Help

Recognize:

- Identify the signs of a seizure.

Assist the child:

- Follow the Seizure Health Care Plan.

Get help:

- Get help from another adult.
- Call 9-1-1 and the parents/guardians.



Let's review. What should you do when a child has a seizure? You can recognize the signs of a seizure, assist the child by following the Seizure Health Care Plan, and get help by calling for another adult, calling 9-1-1, and calling the parent.

Introducing Cecilia

Cecilia is on the field kicking the soccer ball. She gets hit hard with the ball and spins around. She falls to the field and starts shaking. She doesn't seem to hear you when you call her name.



Let's apply what you've learned to another student. Cecilia is on the field kicking the soccer ball. She gets hit hard with the ball and spins around. You notice that she falls to the field. You hear yells from other students. You run over and see that Cecilia is shaking. She doesn't seem to hear you when you call her name. You can now apply the three action steps of Recognize, Assist, and Get Help.

Recognize

Possible signs of a seizure:

- Cecilia is hit by a soccer ball and falls.
- Cecilia is shaking.
- Cecilia doesn't seem to hear you calling her.



You recognize that Cecilia is hit by a soccer ball, Cecilia falls, Cecilia is shaking, and she doesn't seem to hear you calling her.




Assist and Get Help

You assist and get help for Cecilia by:

- Clearing the area.
- Sending a friend for help.
- Managing the other children.
- Staying with her.
- Calling 9-1-1 and Cecilia's parent.
- Monitoring Cecilia's breathing.
 - Starting mouth-to-mouth breathing, if needed.
- Describing the situation to E.M.S. personnel.
- Going with Cecilia in the ambulance.

You begin to assist Cecilia by clearing the area around her, sending a friend for help from another staff person, and staying with Cecilia. You will need to manage the other children who may be curious or concerned. Direct them to "go back to the room" or "line up at the door." Get help! Because you have a student with an unexplained seizure, get someone to call 9-1-1. If you are the only adult, call 9-1-1 yourself. When the other staff person comes to assist you, have them call Cecilia's parent. Give them some information about the incident. Make sure Cecilia continues to breathe. If she stops breathing, or her color turns blue, start mouth-to-mouth breathing. When E.M.S. personnel arrive, describe the situation--what you observed, what you did. Go with Cecilia in the ambulance if her parent has not arrived. You did a great job with Cecilia!



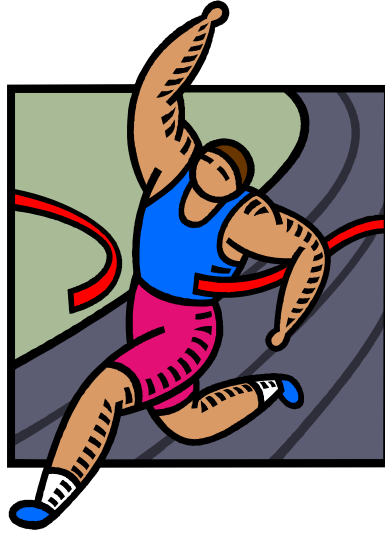
Summary of Objectives

- 1) Identify signs and recognize a seizure.
- 2) Respond to a child having a seizure.
- 3) Identify health resources for seizures.

You've learned today to identify the signs and recognize a seizure in a child, respond appropriately to a child having a seizure, and identify health resources for children with seizures. Nice work!



Congratulations!



Congratulations! You've reached the end of the training. You will now have the opportunity to take a quiz to test the knowledge you have acquired in this training. If you receive a passing score, a completion certificate will be e-mailed to you at the e-mail address you provided. If you don't receive a passing score, you will have the opportunity to take the test again at any time. Following the quiz, you will be asked to complete a brief feedback survey. After you complete the survey, you will be able to access sample CASRC library resources and additional information about seizures and the care of children with seizures. Thank you for your participation.