EPILEPTIC SEAZURES

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Introduction

Electrical activity is happening in our brain all the time, as the cells in the brain send messages to each other. A seizure happens when there is a sudden burst of intense electrical activity in the brain. This causes a temporary disruption to the way the brain normally works. The result is an epileptic seizure.

1. **Seizure Type:** Seizure types can be described as either focal or generalised.
   - **a) Focal (partial) seizures:** In focal seizures, epileptic activity starts in one part of the individual's brain. Focal seizures may act as a warning of a generalised seizure
   - **b) Generalised seizures:** In generalised seizures, there is epileptic activity in both hemispheres of the brain.

2. **Status epilepticus:** Most seizures are brief or last for a few minutes. If seizure activity lasts for 30 minutes or more, it is called status epilepticus**.** Many individuals have seizures that last for less than 5 minutes, however, some individuals have seizures that last longer.

   Seizures that last longer than 30 minutes can cause damage to the brain, or even death. During a long convulsive seizure [tonic-clonic seizure], the body struggles to circulate oxygen and the brain does not get enough oxygen.

   This is also the case for a cluster of shorter seizures that last for 30 minutes or more. In both cases, this is known as status epilepticus.

   Seizures lasting for more than 5 minutes' need treating before they turn into status epilepticus. Any type of seizure can become status epilepticus

   - **a) Non-convulsive status epilepticus:** Some individuals with epilepsy, particularly individuals with learning disabilities or an epilepsy syndrome have a different type of status epilepticus. The individual may just appear to be vacant or might have some minor twitches in their faces or rolling of their eyes. These can be symptoms of non-convulsive status epilepticus. The only clues to this will be changes in their brainwave patterns that can be seen on an electroencephalogram EEG). It can last for weeks, if not treated. Seizures are treated after 5 minutes because the longer a seizure lasts, the less likely it is to stop on its own.
   - **b)** If the individual's seizures always last for a little longer than 5 minutes and end by themselves, treatment may not be required.
   - **c)** The individual's epilepsy care plan will include information on when treatment is required and what to do in an emergency.
   - **d)** Research shows that emergency medicines (see below), given when a seizure has lasted 5 minutes, can prevent status epilepticus
   - **e)** Medical help must be accessed if
     - it is the individual's first seizure
     - the seizure continues for more than 5 minutes (unless this is recorded as usual in the individuals care or support plan or emergency medications are prescribed for use in these circumstances)
     - one tonic-clonic seizure follows another without the individual regaining consciousness between seizures
     - the individual is injured during the seizure

- any other reason that you believe the individual needs urgent medical attention

3. **Emergency Medicines**
   a) **Midazolam**
   Midazolam is administered, inside the individual's cheek or nose. This is administered by trained staff. *(For further guidance see the Buccal Midalolam Procedure)*
   b) **Diazepam**
   Diazepam is usually prescribed either intramuscular or rectally and administered by trained staff.
   c) **Other medicines used to treat seizures that last a long time or for status epilepticus are given intravenously on admission to hospital or on medical advice.**

4. **Procedure**
   a) Basic First Aid for seizures
   - **Simple Focal seizures:** In a simple focal seizure (SFS) a small part of the brain is affected. The individual is conscious (aware and alert) and usually knows that the seizure is happening. A SFS could be an unusual smell or taste, a twitching of an arm or hand, a strange feeling such as a 'rising' feeling in the stomach or a sudden feeling of joy or fear
     - as the individual, might feel strange or be upset, reassure them and record or report the incident. Ensure they are safe and listen to how they are feeling
     - monitor, report and record

   b) Complex focal seizures: Complex focal seizures (CFS) affect more of the brain than simple focal seizures. The individual's consciousness is affected and they may be confused and not know what they are doing. They might wander around, behave strangely, pick up objects or make chewing movements with their mouth. Afterwards, they be confused for a while or need to sleep. CFS can last a few seconds or a few minutes.
   - do not restrain the individual as this may upset or confuse them
   - gently guide them away from any danger for example from walking into the road
   - speak gently and calmly as they may be confused
   - do not speak loudly or grab them as they might not understand and get upset or respond aggressively

   c) After the seizure:
   - the individual may feel tired and want to sleep, it might also be helpful to remind them where they are
   - stay with the individual until they recover and can safely return to what they had been doing
   - some individuals recover quickly but others may take longer to feel back to normal again
   - monitor, report and record the incident

   d) Secondarily generalised seizures: Sometimes a focal seizure spreads to affect both sides of the brain. This is called a secondarily generalised seizure as it starts as a focal seizure and then becomes generalised. Some individuals call these seizures 'auras' or 'warnings' as it warns them that another seizure may follow. When this happens, the individual will usually have a tonic clonic seizure.
   - if the individual is aware of a warning, they may need help to get to a safe place before the generalised seizure happens
   - monitor, report and record

   e) Generalised seizures: Generalised seizures affect both sides of the brain at once and happen without warning. The individual usually becomes unconscious and will not remember the seizure afterwards

   f) Absences (sometimes called petit mal): During an absence, the individual becomes unconscious for a short time. They may look blank and stare and will not respond to what is happening around them. If the individual is walking they may carry on walking, but will not be aware of what they are doing

- stay with the individual and gently guide them away from any danger if necessary
- monitor, report and record

5. **Tonic and atonic seizures:** In a tonic seizure, the individual's muscles suddenly become stiff. If they are standing, they often fall backwards and may injure the back of their head. In an atonic seizure (or 'drop attack') the individual's muscles suddenly relax and become floppy. If they are standing, they often fall forwards and may injure their face or head. Both seizures are brief and happen without warning. Most individuals usually recover quickly.
   - stay with the individual, reassuring them may be helpful
   - if they are injured they may need medical help
   - monitor, report and record
6. **Myoclonic seizures:** Myoclonic means 'muscle jerk', and these seizures involve jerking of a limb or part of a limb. They often happen shortly after waking up, and are brief and can happen in clusters (many happening close together in time)
   - do not do anything other than make sure that the individual has not injured themselves.
   - reassure after the incident
   - monitor, report and record
7. **Tonic clonic and clonic (convulsive) seizures:** During a tonic clonic seizure the individual goes stiff ('tonic' phase), usually falls to the ground, and shakes or makes jerking movements (convulsions or 'clonic' phase). Their breathing may be affected and they may go pale or blue, particularly around their mouth. They may also bite their tongue. Some individuals have clonic seizures without going stiff to start with. Once the convulsions have stopped, the individual recovers and their breathing goes back to normal
   - stay calm
   - record the length of time the seizure lasts (because there may be a risk of status epilepticus - see below)
   - only move the individual if they are in a dangerous place, for example in the road; move any objects, such as furniture, away from them so that they do not injure themselves
   - put something soft (such as a jumper) under their head, or cup their head in your hands, to stop it hitting the ground if necessary
   - do not restrain them or hold them down - allow the seizure to happen
   - do not put anything in their mouth - they will not swallow their tongue
   - stop other individuals crowding around.
   - once the individual is still roll them on to their side into the recovery position
   - if their breathing sounds difficult or noisy, gently open their mouth to check that nothing is blocking their airway
   - wipe away any saliva from their mouth
   - try to minimise any embarrassment (if they have urinated deal with this as privately as possible, protecting their dignity)
   - stay with them until they have fully recovered as they may need some gentle reassurance.
   - monitor, report and record
   - Some individuals recover quickly from a tonic clonic seizure but often they will be very tired, want to sleep and may not feel back to normal for several hours or sometimes days.
   - If staff are not sure whether; someone is recovering from a seizure, they have hurt themselves during the seizure or you have any concerns about them, further advice should be sought from nursing staff or paramedics called.
   - Dental injuries can be common and the individual may need dental treatment arranged.
   - An individual's seizure usually last the same length of time every time they happen and stop by themselves. However, sometimes seizures do not stop, or one seizure follows another without the individual recovering in between. If this goes on for 30 minutes or more it is called status epilepticus, or 'status'.

5. **Incident Recording of seizures:** Everyone is individual and react in different ways to their seizures and in how they recover. Some individuals cannot remember what happened to them during a seizure, some like to be talked to during their seizures and as they recover, and some need to sleep afterwards. It is important that all these points are recorded in the plan of care and support. The questions below help to find out as much as possible about the seizure and gives information on how best to support.

   a) **Before the seizure**
   - how did the seizure start?
   - if known, when the seizure started, was the individual awake or asleep?
   - was the individual restless or did they cry out before the seizure started?
   - was there any trigger for the seizure (such as feeling tired or stressed)?
   - what position they were in when the seizure happened or when they were found
   - did they appear to have any warning beforehand? If so, what form did the warning take?
   - did they have any unusual sensations, such as a taste or smell, a rising feeling in the stomach, numbness or pins and needles? When did they experience this?

   b) **During the seizure**
   - was there any change in muscle tone (did they become stiff or floppy)?
   - did they fall and, if so, forwards or backwards?
   - did they lose awareness, appear dazed or confused or lose consciousness?
   - was there any change in their breathing pattern? did it become noisy or appear difficult or laboured?
   - was there any change in their facial colour? did they become pale, blue around the mouth or flushed?
   - were their eyes open or closed during the seizure? if open, were the eyes turned to one side (which side)?
   - was there any movement, such as jerking or twitching? if so, was this rhythmical? was it on both sides of the body or on one side only and, if so, which side? was it symmetrical or not symmetrical?
   - were there any automatisms such as wandering around, making strange movements or postures, picking up objects for no reason or fiddling with clothing?
   - did they make any noises, such as mumbling, speaking incoherently or repeating words or phrases?
   - how long did the seizure last?
   - were they incontinent?
   - did they bite the inside of their cheek or their tongue?

   a) **After the seizure**
   - how were they afterwards? were they confused or sleepy? if they slept afterwards, for how long?
   - how long did it take them to fully recover from the seizure and return to normal activities?

6. **Further support for individuals with epilepsy**

   b) **Memory and Epilepsy:** Memory can be one of the key issues that affects individuals with epilepsy. This can be for many reasons, including the type of seizures they have, the effects of medication, the effects of epilepsy on concentration or mood, lack of sleep, age, or the effects of epilepsy surgery.

   c) **Medical ID and Jewelry:** Some individuals with epilepsy choose to wear or carry with them a medical identity (ID) card or medical jewellery that says they have epilepsy. As an organisation, we support individuals to wear or carry these identification tags

7. **Assessment of Safety Needs:** A risk assessment identifies possible risks and practical ideas for making an activity safer. Needs assessments are often carried out by an occupational therapist (OT). They will visit the individual at home to see what help, support or safety equipment you might need because. The assessment can help to identify practical ideas for reducing risk to make situations safer. As an organisation, we work with the GP or

specialist health professionals to provide information about how epilepsy could affect the individual's safety at home and ways to improve safety and quality of life at home.

8. **Rest and Sleep**: Research also suggests that getting good sleep and dreaming can help our brains create meaning from the day's experiences, and help to strengthen memories. The links between epilepsy and sleep are very complex. For some individuals, a lack of sleep can make seizures more likely to happen, for others having seizures at night can make them feel tired during the day. Sleep disorders, such as insomnia (difficulty falling asleep) and obstructive sleep apnoea (OSA) can affect epilepsy, and epilepsy can also affect sleep disorders. During sleep the brain is active, processing information to help us to learn. Brain activity changes during the different stages of sleep.

   A lack of sleep can affect our memory and judgement. It can also affect our mood and how well our immune system works. Some individuals have specific triggers for their seizures, for example a lack of sleep. In some types of epilepsy seizures can happen as someone is waking up or within the next few hours. Individuals with epilepsy may have an irregular sleep pattern, as seizures at any time of the night can disrupt sleep, and seizures during the day can affect the next night's sleep. For some individuals, the effects of having a seizure can disrupt their sleep pattern for several days afterwards.

   As with all medications, anti-epileptic drugs (AEDs) can cause side effects for some individuals. AEDs may have different effects on sleep, and this can vary from individual to individual, depending on the dose. Some AEDs are classed as sedatives and can cause tiredness. Some can cause insomnia or disrupted sleep. However, some AEDs can help to improve the quality of sleep by increasing the length of deep sleep.

   Some individuals with epilepsy have 'asleep seizures' (sometimes called 'nocturnal seizures'), that happen when they are asleep, as they are falling asleep or as they are waking up. Frontal lobe epilepsy is a type of epilepsy where seizures can commonly happen during periods of NREM sleep as well as when awake. Frontal lobe seizures often happen in 'clusters' (many happening close together in time), but are usually brief. They can include sudden jerking movements, strange postures or movements of the arms or legs, loud cries or screams and wandering about during sleep.

   Some sleep disorders are called 'parasomnias': unusual events that are linked to sleep. These can include confused behaviour during sleep, sleepwalking or night terrors (where an individual suddenly wakes from sleep in a state of panic or fright). This may happen when some parts of the brain are awake and others are asleep. Some parasomnias include making unusual movements or sounds. Sometimes it can be difficult to tell whether someone is having seizures or if what happens to them is part of a parasomnia. It can be helpful to keep a record or video recording of what happens during the event to help with diagnosis.

   Seizures often follow a similar pattern each time they happen and it may be clear to see when a seizure starts and when it stops. However, parasomnias do not necessarily follow a pattern and often have no clear end. Some symptoms of narcolepsy (a rare condition causing uncontrollable urges to fall asleep, at any time of the day) are sometimes mistaken for epilepsy. For example, some individuals with narcolepsy develop cataplexy, a loss of muscle tone often affecting the jaw, neck and limbs. Symptoms can also include slurred speech or blurred vision and some individuals may collapse. An episode of cataplexy may be triggered by emotions such as laughter, anger or surprise.

   Some individuals with epilepsy also have sleep disorders that are not related to their epilepsy, and some medical conditions can be confused with epilepsy. Obstructive sleep apnoea (OSA), where an individual snore and then stops breathing for short periods during sleep, can be more common in individuals with epilepsy. It is sometimes caused by low muscle tone around the airway. This may happen as a result of weight gain, which can be a side effect of some AEDs. As well as disrupting sleep, obstructive sleep apnoea can trigger seizures for some individuals.

Things that help have a restful sleep

- at night try a milky drink rather than one that contains caffeine (research suggests that reducing caffeine up to six hours before bed can increase the quality of sleep)
- avoid eating meals or drinking alcohol late at night
- wake up at the same time every day, and set a regular bedtime
- reduce distraction and avoid disturbance during the night by keeping mobile devices such as phones and tablets out of the bedroom
- relax before going to bed and avoid watching television or using a computer just before bedtime
- create a calm environment by keeping the bedroom at a comfortable temperature and as dark as possible
- make sure the bed is comfortable, and that the pillow gives enough support
- try to restrict any naps during the day to 15 minutes or less, this can help to maintain a regular sleep pattern during the night.

10 FIRST AID STEPS WHEN SOMEONE HAS A CONVULSIVE SEIZURE

1. **Stay calm.**
2. **Look around - is the person in a dangerous place? If not, don't move them. Move objects like furniture away from them.**
3. **Note the time the seizure starts.**
4. **Stay with them. If they don't collapse but seem blank or confused, gently guide them away from any danger. Speak quietly and calmly.**
5. **Cushion their head with something soft if they have collapsed to the ground.**
6. **Do not hold them down.**
7. **Do not put anything in their mouth.**
8. **Check the time again.**

IF A CONVULSIVE (SHAKING) SEIZURE DOESN'T STOP AFTER 5 MINUTES, CALL FOR AN AMBULANCE.

9. **After the seizure has stopped, put them into the Recovery position and check that their breathing is returning to normal. Gently check their mouth to see that nothing is blocking their airway such as** food **or false teeth.**

IF THEIR BREATHING SOUNDS DIFFICULT AFTER THE SEIZURE HAS STOPPED, CALL FOR AN AMBULANCE.

10. **Stay with them until they are fully recovered.**

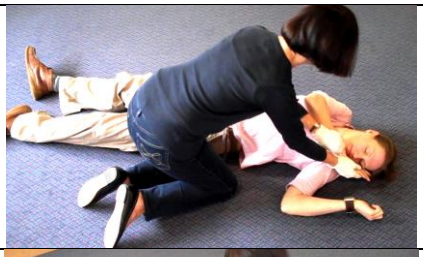
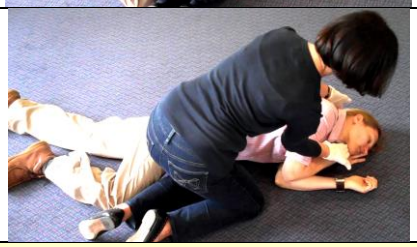
IF THEY ARE INJURED, OR THEY HAVE ANOTHER SEIZURE WITHOUT RECOVERING FULLY FROM THE FIRST SEIZURE, CALL FOR AN AMBULANCE.

THE RECOVERY POSITION AFTER SEIZURE

The recovery position can help someone recover after a tonic clonic (convulsive) seizure. These steps should be followed once the shaking (convulsing) has stopped.

1. Kneel on the floor to one side of the person.

2. Place the person's arm that is nearest you at a right angle to their body, so it is bent at the elbow with the hand pointing upwards. This will keep it out of the way when you roll them over.

	3. Gently pick up their other hand with your palm against theirs (palm to palm). Now place the back of their hand onto their opposite cheek (for example, against their left cheek if it is their right hand). Keep your hand there to guide and support their head as you roll them.
	4. Now use your other arm to reach across to the person's knee that is furthest from you, and pull it up so that their leg is bent and their foot is flat on the floor.
	5. Now, with your hand still on the person's knee, pull their knee towards you so they roll over onto their side, facing you. The person's body weight should help them to roll over quite easily.
	6. Move the bent leg that is nearest to you, away from their body so that it is resting on the floor (bent at a right angle to their body).
	7. Gently raise their chin to tilt their head back slightly, as this will open up their airway and help them to breathe. Check that nothing is blocking their airway. If there is an obstruction, remove this if you can do so safely. Stay with them, giving reassurance, until they have fully recovered.
An ambulance should be called if: • *it is the person's first seizure;* • *they have injured themselves badly;* • *they have trouble breathing after the seizure;* • *one seizure immediately follows another with no recovery in between;*	• *the seizure lasts **2** minutes longer than is usual for them; or* • *the seizure lasts for more than **5** minutes and you don't know how long their seizures usually last.*

WHAT IS A SEIZURE DIARY FOR?

Keeping a seizure diary can be useful in helping you to record when your seizures happen, and to see whether there are any specific triggers for the seizures. Sometimes, known triggers can be avoided to help reduce the number of seizures.

It can be helpful to take your completed diary with you to medical appointments to show your doctor or nurse. Information recorded in the diary can help your doctors see how effective your current treatment is, and to plan future treatment with you.

SEIZURES

Any of us could potentially have a single epileptic seizure at some point in our lives. This is not the same as having epilepsy, which is a *tendency* to have seizures that start in the brain.

ARE ALL SEIZURES THE SAME?

There are different types of epileptic seizures, but they all start in the brain. There are other types of seizures which may look like epileptic seizures but they do not start in the brain. Some seizures are caused by conditions such as

low blood sugar (hypoglycaemia) or a change to the way the heart is working. Some very young children have 'febrile convulsions' (jerking movements) when they have a high temperature. These are not the same as epileptic seizures. On this page when we use the word 'seizure' we mean epileptic seizure.

THE BRAIN AND EPILEPTIC SEIZURES

The brain has millions of nerve cells which control the way we think, move and feel. The nerve cells do this by passing electrical signals to each other. If these signals are disrupted, or too many signals are sent at once, this causes a seizure (sometimes called a 'fit' or 'attack'). The brain has many different functions. Mood, memory, movement, consciousness and our senses are all controlled by the brain and any of these can be affected if someone has a seizure. They may feel strange or confused, behave in an unusual way, or lose some or all awareness during the seizure.

HOW EPILEPSY IS DESCRIBED

You may see epilepsy described in two ways. One way describes the type of epilepsy, and another way describes the type of seizure.

The *type of epilepsy* depends on the cause of the epilepsy. For example, 'symptomatic epilepsy' means there is a known cause (such as a brain injury) and 'idiopathic epilepsy' means that the epilepsy is usually genetic or inherited.

The *type of seizure* depends on what happens to the person during the seizure.

SOME FACTS ABOUT SEIZURES

- Most seizures happen suddenly without warning, last a short time (a few seconds or minutes) and stop by themselves.
- Seizures can be different for each person.
- Just knowing that someone has epilepsy does not tell you what their epilepsy is like, or what seizures they have.
- Calling seizures 'major' or 'minor' does not tell you what happens to the person during the seizure. The names of seizures used on this page describe what happens during the seizure.
- Some people have more than one type of seizure, or their seizures may not fit clearly into the types described on this page. But even if someone's seizures are unique, they may follow the same pattern for that person.
- Not all seizures involve convulsions (jerking or shaking movements). Some people appear vacant, wander around or seem confused during a seizure.
- Some people have seizures when they are awake, called 'awake seizures'. Some people have seizures while they are asleep, called 'asleep seizures' (or 'nocturnal seizures'). The names 'awake' and 'asleep' do not explain the *type* of seizures, only *when* they happen.
- Injuries can happen during seizures, but many people don't hurt themselves and don't need to go to hospital or see a doctor.

TYPES OF SEIZURES

Seizures are divided into two main types: focal seizures (also called partial seizures) and generalised seizures. Epileptic seizures always start in the brain.

The brain has two sides called hemispheres. Each hemisphere has four parts called lobes. Each lobe is responsible for different things such as vision, speech and emotions.

TYPE OF SEIZURES	DESCRIPTION	SYMPTOMS
FOCAL (PARTIAL) SEIZURES	In focal seizures the seizure starts in, and affects, just part of the brain, sometimes called the 'focus' of the seizures. It might affect a large part of one hemisphere or just a small area in one of the lobes. What happens during the seizure depends on where in the brain the seizure happens and what that part of the brain normally does	
SIMPLE FOCAL SEIZURES	In simple focal seizures (SFS) a small part of one of the lobes of the brain is affected. Some people find their simple focal seizures (SFS) hard to put into words. During the seizure they may feel 'strange' but not able to describe the feeling. This may be upsetting or frustrating for them. *(see secondarily generalised seizures)*	The person is conscious (aware and alert) and will usually know that something is happening and will remember the seizure afterwards. SFS are sometimes called 'warnings' or 'auras' because, for some people, a SFS develops into another type of seizure. Then the SFS is a warning that another seizure will happen
	Temporal lobe simple focal seizures may include:	☑ a 'rising' feeling in the stomach or deja vu (feeling like you've 'been here before') ☑ getting an unusual smell or taste ☑ a sudden intense feeling of fear or joy.
	Frontal lobe simple focal seizures may include:	☑ a strange feeling like a 'wave' going through the head ☑ stiffness or twitching in part of the body (such as an arm or hand).
SIMPLE FOCAL SEIZURES	**Parietal lobe** simple focal seizures may include:	☑ a feeling of numbness or tingling ☑ a sensation that an arm or leg feels bigger or smaller than it actually is.
	Occipital lobe simple focal seizures may include:	☑ visual disturbances such as coloured or flashing lights ☑ hallucinations (seeing something that isn't actually there).
COMPLEX FOCAL SEIZURES	Complex focal seizures (CFS) affect a bigger part of one hemisphere (side) of the brain than a simple focal seizure. CFS often happen in the temporal lobes ('temporal lobe epilepsy') but can happen in other parts of the brain.	The person's consciousness is affected and they may be confused. They might make strange or repetitive movements that have no purpose (called 'automatisms'). They may wander around, or behave strangely, and they may not be aware of what they are doing. They might be able to hear you, but might not fully understand what you say or be able to respond to you. They may not react to you they would normally. If you speak loudly to them, they may think that you are being aggressive and so they may react aggressively towards you.

	DESCRIPTION	SYMPTOMS
	Temporal lobe complex focal seizures may include: These CFS may start with a simple focal seizure	☑ picking up objects for no reason or fiddling with clothing ☑ chewing or lip- smacking movements ☑ muttering or repeating words that don't make sense ☑ wandering around in a confused way. ☑ last around two or three minutes
	Frontal lobe complex focal seizures may include:	☑ making a loud cry or scream ☑ making strange postures or movements such as cycling or kicking. ☑ These CFS usually last around 15 - 30 seconds.
	Complex focal seizures in the **parietal** or **occipital lobes** are less common than in the temporal or frontal lobes. Like the simple focal seizures, CFS in the parietal and occipital lobes can affect the person's senses or vision. These CFS usually last around 15 - 30 seconds..	After a complex focal seizure, the person may be confused for a while, sometimes called 'post-ictal' (after seizure) confusion. It may be hard to tell when the seizure has ended. The person might be tired and want to rest. They may not remember the seizure afterwards
ABSENCES	***SOMETIMES CALLED PETIT MAL*** Absence seizures are more common in children than adults, and can happen very frequently.	During an absence a person becomes unconscious for a short time. They may look blank and stare, or their eyelids might flutter. They will not respond to what is happening around them. If they are walking they may carry on walking, but will not be aware of what they are doing.
	Typical absences	the person becomes blank and unresponsive for a few seconds. Because the seizures are so brief, they may not be noticed
	Atypical absences	often last a bit longer than typical absences. They often have some physical movement with them such as a brief head nod.
TONIC SEIZURES		The person's muscles suddenly become stiff. If they are standing they often fall, usually backwards, and may injure the back of their head. Tonic seizures tend to be very brief and happen without warning.
ATONIC SEIZURES	***OR 'DROP ATTACK'***	The person's muscles suddenly relax, and they become floppy. If they are standing they often fall, usually forwards, and may injure the front of their head or face. With both tonic and atonic seizures people usually recover quickly, apart from possible injuries.

TYPE OF SEIZURES	DESCRIPTION	SYMPTOMS
MYOCLONIC SEIZURES	Myoclonic means ***'muscle jerk'***. Muscle jerks are not always due to epilepsy (for example, some people have them as they fall asleep).	Myoclonic seizures are brief but can happen in clusters (many happening close together in time), and often happen shortly after waking. In myoclonic seizures the person is conscious, but they are classified as generalised seizures. This is because the person is likely to have other seizures (such as tonic clonic seizures) as well as myoclonic seizures.
TONIC CLONIC (CONVULSIVE) SEIZURES	***SOMETIMES CALLED GRAND MAL*** These are the seizures most people think of as epilepsy.	***AT THE START OF THE SEIZURE:*** ☑ the person becomes unconscious ☑ their body goes stiff and if they are standing up they usually fall backwards ☑ they may cry out ☑ they may bite their tongue or cheek. ***DURING THE SEIZURE:*** ☑ they jerk and shake (convulse) as their muscles relax and tighten rhythmically ☑ their breathing might be affected and become difficult or sound noisy ☑ their skin may change colour and become very pale or bluish ☑ they may wet themselves. ***AFTER THE SEIZURE (ONCE THE JERKING STOPS):*** ☑ their breathing and colour return to normal ☑ they may feel tired, confused, have a headache or want to sleep.
CLONIC SEIZURES		Clonic seizures are convulsive seizures but the person's body does not go stiff at the start.
STATUS EPILEPTICUS	An individual's seizures usually last the same length of time each time they happen, and stop by themselves. However, sometimes seizures do not stop, or one seizure follows another without the person recovering in between. If this goes on for 30 minutes or more it is called status epilepticus, or 'status'. Status is not common but it can happen in any type of seizure and the person may need to see a doctor. However, **status in a tonic clonic (convulsive) seizure is a medical emergency** and the person will need urgent medical help. **CALL FOR AN AMBULANCE IF A TONIC CLONIC SEIZURE LASTS FOR MORE THAN FIVE MINUTES,**	