

FIRST AID

for education and care

Seizure

NOTE time of seizure onset



CALL AMBULANCE (000) IMMEDIATELY IF:

- No previous history of seizures
- Seizure presents differently than described in Seizure Observation History
- Injury suspected
- Breathing difficulty
- Staff require support
- Required as per Seizure Management Plan and / or Health Support Agreement

PROTECT from injury
DO NOT restrict movement
LEAVE IN WHEEL CHAIR / SEAT / PRAM if this is the site of the seizure onset
REMOVE objects which may cause harm

MONITOR airway
SUPPORT jaw if needed

GENTLY roll onto side (**RECOVERY POSITION**) as soon as able
LEAVE IN WHEEL CHAIR / SEAT / PRAM as long as a clear airway can be maintained

CONVULSIVE ACTIVITY
lasting **MORE THAN 5 minutes**



CALL AMBULANCE (000)

CONVULSIVE ACTIVITY
STOPS within 5 minutes

Seizure activity
RESUMES

OBSERVE
Airway Breathing Signs of life

Resume activity after
FULL RECOVERY
(within one hour*)

RECORD
seizure activity in individual seizure log



*If still recovering after one hour
INFORM EMERGENCY CONTACT
to arrange recuperation at home