



**The Leeds  
Teaching Hospitals**  
NHS Trust

# Your Child's First Seizure

Information for parents and carers



A seizure, convulsion or fit are all terms to describe the same event. Seizures can occur for many reasons such as high temperature, low blood sugar levels, infection, after a head injury. In some cases we may not be able to find a cause for the fit.

Watching your child have a seizure can be a very frightening experience, and you may even have thought your child looked like they were going to die. However seizures are often not as serious as they look.

## What is a seizure?

Electrical activity in the brain surges during a seizure causing involuntary movements. There are many different types of seizures, often causing your child to fall, and become unconscious (not respond to you). They may then have involuntary jerking of the limbs, eye rolling, and/or arching of the body. Some seizures can only affect part or one side of the body.

## Is it epilepsy?

A single seizure does not mean your child has epilepsy. It is thought that approximately 1 in 20 people will have a seizure at some point in their lives, and 50% of these people never have another seizure.

There is often no clear reason why your child has had a seizure, but should they have more seizures they may need investigations and/or medication. In line with national advice, all children who have had a first suspected epileptic seizure, should be referred to a Paediatrician (children's doctor) with a special interest in epilepsy management. If the episode which your child has had is not suspected to be epileptic, they may be seen in a different clinic, or may not require any follow up.

## Filming episodes

A short video clip of your child's seizure may help the Paediatrician make important decisions about the type of seizure your child has had. Therefore it is helpful if you and family members/carers know how to quickly take videos on mobile phones/devices. This also saves you from trying to remember the signs and symptoms your child showed.

## What do I do if it my child has another seizure?

Remember **TRAFFIC**

- T TIME** - try to note the time the seizure started and ended, and how long your child is sleepy after
- R RECOVERY** - try to cushion your child's head with a pillow or jumper, and if you know how, place your child in the recovery position.
- A AMBULANCE** - if the seizure is lasting longer than five minutes or your child appears blue, or like they aren't breathing call 999 and ask for an ambulance
- F FILM** - although this is often the last thing on your mind it may be useful to film the seizure to help doctors make decisions about treatment or diagnosis.
- F FREE FROM DANGER** - DO NOT attempt to move your child, unless there is a serious risk of danger, and do not restrain your child or put anything in their mouth.
- I IMPROVEMENT** wait for your child to fully recover before allowing them to eat, drink or move.
- C CALM** - although difficult, try to stay as calm as possible.

## Do I need to tell other people?

Your clinician will send a letter to your GP letting them know about your child's seizure, and any referrals that have been made.

It is useful for you to inform your child's school or nursery that they have had a seizure, and show them the above advice. All schools and nurseries will have first aiders who will know what to do if your child has a seizure.

## How can I keep my child safe?

It is important to let your child return to their normal activities as soon as they are able, however there are some activities which should be supervised until you have been seen in clinic.

**Bathing** It is advisable not to allow your child to bathe unsupervised (if they do normally) and where possible it is recommended they shower

**Swimming** Your child should not swim unsupervised, but can be allowed to swim if a dedicated adult is watching them.

**Cycling** Your child should not cycle unsupervised, and must wear a helmet.

**Cooking** If your child cooks or makes hot drinks unsupervised, extra care should be provided.

These are all activities which carry a higher risk if your child was to have a seizure.

## What will happen now?

The clinician who has assessed your child will send a referral to the **Secondary Epilepsy Team** at Leeds Children's Hospital.

Referrals are reviewed by a Consultant Paediatrician and appointments are allocated according to the symptoms your child may have shown during their seizure. The initial appointment with the epilepsy team may be a telephone consultation.

On occasion the Secondary Epilepsy team may feel your child does not require assessment by their service, and may refer you to a different clinic to be reviewed.

## Will my child need tests?

When your child attends the Emergency Department a blood pressure test, blood sugar test and an ECG (electrocardiogram) will be done before your child is discharged home. Some children may need to have further tests after being assessed by the Paediatrician in clinic e.g EEG (scan to look at electrical activity in the brain) or an MRI scan (to look at the structure of the brain).

If you need to contact the Childrens Emergency Department please telephone **0113 392 5548**.

## **I want more information on first seizures in children**

There are many useful websites and information online regarding seizures in children, but please remember some sites are not as reputable as others.

Here are some useful websites with information regarding seizures:

[www.nhs.uk/conditions/what-to-do-if-someone-has-a-seizure-fit](http://www.nhs.uk/conditions/what-to-do-if-someone-has-a-seizure-fit)

[www.epilepsy.org.uk](http://www.epilepsy.org.uk)



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