

OBSERVING & RECORDING SEIZURES

FACT SHEET



OBSERVING AND RECORDING SEIZURES

Good observation and recording of seizures is important for diagnosis and ongoing management of epilepsy. This guide explains what to look for when witnessing a seizure.

Seizures present in many ways. However, few doctors see their patients having seizures. A video plus a good eyewitness description can really help with seizure identification.

Seizures have different stages. It is important to document all stages if you can.

Seizure Stage **1**

Beginning of the seizure (ictal period)

This stage does not happen with all seizures. It is often called an 'aura' or 'warning' by many people with epilepsy and is known as a focal aware seizure. This period is usually very brief but can last longer.

Some people have feelings such as numbness or tingling, nausea, 'butterflies' in the stomach, fear, an unusual taste or smell, hallucinations, or déjà vu. There may be a change in mood or behaviour. Often people have trouble describing their 'aura'.

Some people have no warning of an impending seizure, but friends and family may notice subtle changes in the build up to a seizure.

Important points to observe and record

- What was the person doing immediately prior to the seizure?
- What called your attention to the seizure, e.g. a cry, fall, jerking, staring or head turning?

Note: Some people may get a feeling or sensation hours or even days before a seizure. This is called a *prodrome*. The most common symptoms include confusion, anxiety, irritability, headache, tremor, & mood changes.

A prodrome is different from aura. It is not considered part of the actual seizure. However, for those who experience it, once recognised, a prodrome may serve as a warning sign of an impending seizure.

Keeping a diary of seizures can be important in identifying seizure triggers and patterns as well as distinguishing seizure-related behaviour from other behaviours.

Seizure Stage **2**

This is the “active” part of the seizure. Seizures can look very different. They can vary from confusion and behavioural changes, to falls or jerking movements.

The active phase of most seizures will almost always involve some change in, or loss of, awareness or consciousness. Most seizures will be less than two minutes.

Important points to observe and record

- What did the person do during the seizure?
 - What was the first thing you noticed?
 - Any head, eye, limb or body movements?
 - Was the person staring, wandering, mumbling, fidgeting or displaying any unusual behaviour?
 - Did the person appear to be confused?
 - Did they make any sounds?
 - Did they respond when you spoke to them?
 - Did you notice any face colour change such as blushing, blueness or paleness?
 - Did they have saliva or blood coming from their mouth?
 - Did they lose control of their bladder?
- How long did the seizure last?

When a seizure starts and finishes may not always be obvious

- If you are observing a tonic-clonic seizure, record how long it takes from the time the stiffening or jerking starts until it finishes
- If you are observing a focal seizure, record how long the person was not responding, or from the time it appears they are having the seizure

Seizure Stage **3**

This is the period immediately after the seizure.

Few people recover straight away after a seizure. It is common to experience some confusion, drowsiness, agitation, and possibly speech and coordination problems afterwards. These can last for a few minutes but occasionally much longer.

The behaviour during this time can be sometimes mistaken for seizure activity.

Occasionally people can experience paralysis or psychosis during this period.

Important points to observe and record

- How did the person appear after the seizure?
- Were they drowsy?
- Did they have difficulties with breathing, speaking, moving or walking?
- Were they confused or disoriented?
- How long did it take for them to respond to you?
- Could they recall anything about the seizure?



Not everyone experiences three stages to a seizure

FIRST AID

What should you do *after* a seizure?

Check the person is breathing normally.

Check the person for any injuries.

Have someone stay with the person.

Put them in the recovery position if necessary.

Note the time and how long it lasted.

Record what the person was doing before, during and after the seizure.

Record what was done to keep the person safe.

Record any medications given before, during or after the seizure.



Dial 000 for an ambulance if:

You are in any doubt.

The person is injured.

The seizure occurs in water.

There is food, fluid or vomit in the person's mouth.

The seizure lasts longer than five minutes or longer than normal for that person.

The person is not responsive for more than 5 minutes after the seizure ends.

Another seizure follows quickly.

The person has breathing difficulties after the jerking stops.

It is the person's first known seizure.



See our [First Aid Section](#) for more information on what to do

Contact us on:

Phone: 1300 37 45 37

Email: epilepsy@epilepsy.org.au

Book a telehealth appointment with an epilepsy nurse

[Visit our website](#)



Disclaimer: This information is given to provide accurate, general information about epilepsy. Medical information and knowledge changes rapidly and you should consult your doctor for more detailed information. This is not medical advice, and you should not make any medication or treatment changes without consulting your doctor.