

# SEIZURE EMERGENCIES

FACT SHEET



# SEIZURE EMERGENCIES

**There are a small group of people with epilepsy who have severe or even life-threatening seizures.**

These seizures are considered an emergency because they can be longer than usual (prolonged seizures) or happen in short succession one after the other (cluster seizures) with little or no recovery in-between.

Both of these situations can lead to a medical state called status epilepticus. They are considered a seizure emergency and can lead to brain injury or even death if not treated quickly.



## What is status epilepticus?

Status epilepticus (SE) is when a seizure lasts longer than 5 minutes or seizures cluster (seizures occurring repeatedly) without full recovery in-between. It can happen with any seizure type, convulsive or non-convulsive, but the convulsive (tonic-clonic) seizures are the most serious form and pose a greater risk of complications.

Whatever the seizure type, SE is regarded as a medical emergency and can be life threatening or have long term consequences if it is not treated quickly.

Studies show that it is unlikely that a prolonged or cluster seizure will stop after 5-10 minutes (without giving medication) and the best outcome is when an emergency seizure medication can be given as soon as possible. The earlier medication is given, the more likely the seizures are to stop. This is why some people have medication prescribed to be given by caregivers, outside the hospital setting, before an ambulance arrives.



## Causes of status epilepticus

SE can happen in people with and without epilepsy.

The main causes of SE are:

- Having epilepsy,
- Febrile seizures, and
- Stroke,

but there are other causes, which can include:

- Brain injury
- Low levels of anti-seizure medication or withdrawal or changes in anti-seizure medications
- Specific epilepsy syndromes
- Serious illness, infection or sepsis
- Disease – malaria, encephalitis, brain tumour, dementia
- Intoxication or alcohol withdrawal
- Unknown cause

**Up to 5% of adults and 10-25% of children with epilepsy will have one episode of SE.**

# THE EFFECTS OF STATUS EPILEPTICUS

Symptoms of SE will depend on the type of seizure and can range from appearing vague and confused (non-convulsive) to more serious muscle jerking (convulsive) and loss of consciousness.

Short term effects can cause bodily changes which worsen the longer the seizures continue. These include:

- increased blood pressure and heart rate,
- irregular heartbeats, and
- changes in blood sugar levels.

Seizures lasting longer than 60 minutes and are convulsive are linked with poorer outcomes. Some long-term effects of SE can include:

- Memory and learning difficulties
- Permanent damage to the brain
- Continuing seizures

**The long-term effects of status epilepticus depends on the cause and how long the seizures continue.**

# EPILEPSY MANAGEMENT PLANNING (EMP)

People with epilepsy, particularly those whose seizures are not controlled by medication, or are prone to seizure emergencies, are encouraged to have an EMP.

An EMP is a personalised plan that outlines how to support a person with epilepsy, including the steps to take before, during, and after a seizure, emergency seizure management and support needs. They are a practical tool that can be used by all caregivers in any setting to manage seizures, safety and seizure emergencies.

If an emergency medication for seizure emergencies has been prescribed, the plan will also include an emergency medication management plan (EMMP).

[For more about EMP's click here](#)



# MEDICATION FOR SEIZURE EMERGENCIES

These medications can be given in the community setting easily and quickly to stop seizures early to prevent complications.

## What is it for?



Emergency seizure medication is used to treat:

- Prolonged seizures
- Cluster seizures (multiple seizures close together)
- Status Epilepticus (SE) – a serious seizure lasting longer than 5 minutes or repeated seizures without recovery in between
- These medications are prescribed for people who have had these types of seizures before or are at risk of having them.

## Why is early treatment important?

Most seizure emergencies happen outside the hospital - at home, school, or public places. Acting quickly can:

- Stop seizures before they become harder to control
- Prevent complications
- Reduce the need for hospitalisation

The longer a seizure lasts, the harder it can be to stop. That's why treatment before emergency services arrive is vital. The medication is fast acting, and easy-to-use in the community.

## What are the goals of emergency medication?



The main reasons for giving emergency medication in the community are to:

- Stop prolonged or cluster seizures
- Prevent progression to SE
- Protect the brain by shortening seizure time
- Safeguard quality of life by reducing potential brain damage
- Minimise disruption to daily life and avoid long hospital stay

## What type of medication is used?

Most emergency seizure medications are from a group called benzodiazepines. These are sedatives that help calm the brain and stop seizure activity.

The most common emergency medication prescribed in Australia is midazolam which can be given in the nose or cheek.

## How is it given?

Emergency seizure medication is designed to be quick and simple to administer. It's usually given in one of two ways:

Method	How it works
Buccal	Given in-between the cheek and gums
Intranasal	Drops or spray into the nose

These routes allow the medication to be absorbed through the mucous membranes and into the bloodstream quickly.

Contact us on:

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[Click here for training courses in Emergency Medication](#)

Free for people with epilepsy and their families

**Emergency seizure medications are usually very effective, but if they don't work and seizures continue, or complications occur, then emergency medical treatment will be needed at hospital.**