

Epilepsy is characterized by the repetition of seizures (fits) and may include a single symptom or have complex symptomatology. Epilepsy may develop in about one in three of all children with CP and all types of seizures may occur in children with CP. Some children may only have very occasional seizures whereas in others the problem may be more persistent. It is not a contagious disease.

## Situations that can contribute to the onset of epileptic seizures:

Prolonged infections or fever; prolonged fasting; sleep deprivation; excessive use of alcohol; environments with extreme and repetitive light stimuli; excessive anxiety; excessive tiredness.

The epileptic discharges responsible for motor seizures may remain localized to a small area of the brain or may spread to involve neighbouring areas. Seizures can be clonic (repetitive and rhythmic) or tonic (stiffening of one body segment), localized (e.g. to one segment or limb) or generalized (involving the child's entire body). In some seizures, the convulsions remain narrowly localized, in others the phenomena can progress to a generalized seizures. Any part of the body can be affected. Seizures may vary in duration from a few seconds to several hours.

Children with epilepsy usually need to take medication on a daily basis, which should always be carefully respected. Some of these children have also prescribed specific medication to take when a seizure occurs.

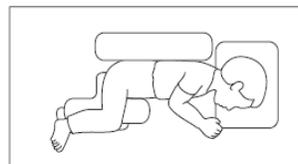
## What to do if a convulsive seizure occurs:

The rescuer's role is to protect the child from trauma. The child's head and body should be protected from hard or sharp objects which might cause the child injury. Keep away from the child anything that could cause strong stimuli and crowds of people.

1. Look at your watch and check how long the child has been having the seizure.



2. Keep the child lying in the left lateral position;



3. After the crisis allow the child to rest in a calm environment. Stay close to the child with a calm attitude to reassure him or her and to check if he or she needs anything or if the seizure reoccurs.

## Seizures during the night.

The fear of having a seizure, the seizure itself and even the medication to control it may affect child's sleep. Not all night seizures can be prevented, but calm management will help the child return to sleep after the seizure has passed. May be comforting for the child and enable the child to relax, be sure that the caregiver will cope with it, that he or she will be all right and that it is safe to try to return to sleep.

## What not to do:

There is no specific conduct to stop the seizure, but one must wait for its natural evolution.

### Do not try to immobilize the child

When a child has a convulsive seizure it is inappropriate to make any attempt at stopping the movements made by the child using physical restraint.



### Do not put fingers or objects in the victim's mouth, bathe or use alcohol compresses, give any food or liquid

No attempt should be made either to open the mouth of the child or to try to introduce anything into the mouth of the child. Such attempts are likely to increase the risk of the child vomiting and may in addition cause injury to the child's teeth and soft palate.



## Management of sleeping positions

Unless for some special medical reason the child needs to be put to sleep in a certain way, it is best to encourage sleep on the side. Encourage the child to lie in a position that is as symmetrical as is comfortable, with the head and limbs supported and positioned as close to normal as possible for the condition.

It is not suggested that you put the child in a position that, while good for the child, is uncomfortable, but rather that, given the preferred sleeping position, you can use supports or aids to reinforce the good aspects of the position and discourage the bad aspects.