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Teacher Tips About Seizures

THE CHILD WITH EPILEPSY

It has been estimated that one in every 100 children has epilepsy. Epilepsy means that a child is susceptible to recurring seizures of various kinds. In addition, any child may have a convulsive seizure due to high fever or other temporary condition. At some time, most teachers will have a seizure prone child in their classrooms, although neither they nor the child's parents may be aware of the fact until a seizure occurs.

IS IT A SEIZURE?

It isn't difficult to recognize a convulsive seizure. But non-convulsive ones are harder to spot. Untreated, they may interfere with learning. Take note of repeated instances of the following behavior, which may signal the presence of an unrecognized seizure disorder: staring spells (like daydreaming); periods of unresponsiveness or confusion; tic-like movements; head dropping; eyes rolling upwards; rapid blinking; mouth movements with a dazed look or blank stare; aimless, dazed walking; jerking of an arm or leg.

TELLING THE PARENTS

Only a doctor can diagnose epilepsy, and suggestions that their child may have it may not be welcomed. Instead, relate your concern to the child's academic progress. Say he's trying hard, he can do well, but he seems to be held back by little lapses in attention. Say what these look like, how often they occur. Suggest the parents may want to tell the doctor about these episodes at the child's next check up because, although the child seems unaware of them, you think they're affecting his work. Leave it at that. Don't offer a diagnosis.

MANAGEMENT OF THE CHILD WITH EPILEPSY

1. Unless the doctor advises otherwise, treat just as you do the other students, with full participation in all school activities, and appropriate discipline if warrented.

2. Expect average or above average intellectual ability, but be aware that medication to prevent seizures may slow response time or increase hyperactivity.

3. If achievement is significantly below potential, test for academic gaps caused by previously undiagnosed seizures. Neuropsychological tests may pinpoint functional or perceptual problems that may be compensated for by modifications in teaching techniques.

For further information contact:

Resource ID#6738

Teacher Tips About Seizures

4351 Garden City Drive • Landover, MD 20785

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SEE OTHER SIDE FOR FIRST AID INFORMATION

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What Everyone Should Know About Seizures

When children have epilepsy, YOUR understanding makes a difference

About 75,000 American children develop epilepsy every year. With regular use of anti-seizure medicine, most of these children can lead a normal, active childhood, attend regular schools, and have only occasional seizures — and perhaps none at all. A child with epilepsy should be treated just like any other member of the class, and the other children should be encouraged to accept the condition as just one of the many ways in which people are different from one another. Some children wear glasses. Some have allergies. And some have seizures.

COMMON TYPES OF SEIZURES

Convulsive: Starts with a cry, loss of consciousness. There is rigidity, followed by massive jerking of the body. Breathing is shallow, followed by louder breathing in relaxed stage. Saliva round the mouth may be blood-flecked from bitten tongue. Lasts about 1-3 minutes. Followed by fatigue, confusion. Child may lose bladder or bowel control.

Non-convulsive: A blank stare that looks like daydreaming. Lasts only seconds but can occur frequently. May include rapid blinking or mouth movements. Immediate return to full awareness. May not have been noted by parents or others. Other non-convulsive seizures may produce automatic movements of arm or legs,or repetitive automatic behavior (chewing, picking at clothes, mumbling) with clouded consciousness.

FIRST AID FOR CONVULSIVE SEIZURES

1. Ease child gently to floor, clear area of hazards. Reassure others.

2. Put something flat and soft (like a folded jacket) under the head.

3. Turn child carefully on one side to keep airway clear. DON'T try to force open the mouth, hold on to the tongue, or put anything in the mouth.

4. If the child is known to have epilepsy, follow parents' instructions on whom to notify. If there's no history of epilepsy, the child should get an immediate medical checkup, since an acute underlying medical problem might be causing the seizure. If *any* seizure lasts longer than 10 minutes, or if another starts right after the first, call for emergency assistance.

5. When jerking movements stop, let the child rest. When full consciousness has returned, let him rest in a supervised area if he wants to. The need for post-seizure rest varies with individuals.

FIRST AID FOR NON-CONVULSIVE SEIZURES

1. No first aid is necessary for a seizure that is merely a brief stare or the uncontrolled jerking of an arm or leg, although parents should be told.

2. When a child has an episode of automatic behavior, he should be spoken to gently and calmly, and guided carefully away from hazards. Someone should stay with him until full awareness returns, and a supervised rest afterwards may be needed. The seizure usually lasts only a minute or two, but confusion may be prolonged afterwards.

For further information contact:

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Epilepsy
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Even though seizures look different and affect children in different ways, they are caused by the same thing — a brief malfunction in the brain's electrical system that self-corrects after a short time. Epilepsy is not contagious and poses no threat to the school community in any way.

SEE OTHER SIDE FOR SCHOOL TEACHER INFORMATION