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<http://www.epilepsyfoundation.org/living/seniors/laterespond.cfm>

Seniors and Seizures

Seizure First Aid

Handling any type of seizure involves one simple principle: to protect the person from harm until full awareness returns.

Handling Convulsions in an Older Person

- Ease the person having the seizure into a reclining position on the floor or flat surface.
- Put something soft and flat under the head.
- Turn him or her gently on to one side to prevent choking and keep the airway clear.
- If the person having the seizure is seated, turn gently to one side so any fluids drain away from the mouth.
- Don't try to force anything into the mouth. Seizures do not cause people to swallow their tongues.
- Don't try to give fluids or medicine until the seizure is completely over and the person is fully alert again.
- Don't try to restrain the jerking movements. Muscles contract with force during seizures. Applying restraint could cause tears in the muscle or even break a bone, especially in elderly people whose bones may be fragile.

Responding to Confusion in an Older Person

Confusion may occur during a complex partial seizure or during the recovery period after other types of seizures.

In either case, the same basic rules apply:

- Remove anything from the area that might cause injury or could be a hazard to someone who is temporarily unaware of where he is or what he's doing.
- Don't try to restrain an older person who is wandering and confused during a complex partial seizure. If danger threatens, guide gently away.
- People may be quite agitated during these episodes. Trying to restrain them, or grabbing hold, is likely to make the agitation worse and may trigger an aggressive response.
- Be reassuring, comforting and calm as awareness returns. If confusion persists, get a medical evaluation.

Warning Signals

Most seizures, even in elderly people with other health problems, end naturally without any special treatment. Although emergency medical assistance should be obtained when someone has a first seizure, subsequent seizures usually do not require special treatment.

However, it is always possible for more serious problems to develop. Here are a few ways to spot them:

- Watch the time. If the convulsive shaking and jerking of a tonic clonic seizure lasts longer than five minutes, or starts up again shortly afterwards, call an ambulance or follow specific instructions from the doctor on in-home care. Non-stop seizures, which doctors call status epilepticus, are quite dangerous for elderly people. Prompt medical care is needed.
- Check for secondary injuries. Seniors who have seizures may break bones, so special care should be taken to find out if there's any unusual pain following a seizure. Headaches are quite common, but a severe headache after a seizure in someone who doesn't usually have them should be checked out.
- Call for help if breathing is labored following the seizure, if there is chest pain, or unusual pain of any kind, or if consciousness does not return after a few minutes.
- Be aware that periods of confusion lasting more than one hour associated with seizures may signal that something is seriously wrong.

If an older person with a seizure disorder who does not have a mental impairment seems to slip in and out of a confused or agitated state with few intervals of normal awareness, you may be seeing another kind of continuous seizure activity. This, too, should be evaluated at a hospital.

Special Circumstances

If you are living with an older person with seizures who has other medical problems, check with the doctor about how he or she wants you to respond when a seizure happens.

Find out whether the doctor wants to be notified every time or just in certain circumstances.

Ask whether or when you should call an ambulance; and if there are any special warning signals that you should be on the lookout for.