



Caring for Children with *special needs*

SEIZURE DISORDERS

The brain is a complex, sensitive organ that controls and regulates all our motor movements, sensations, thoughts, and emotions. Brain cells work together, communicating by means of electric signals. Occasionally a group of cells discharge abnormal signals and the result is a seizure. The type of seizure depends on the part of the brain where the abnormal electrical discharge originates. "Epilepsy" is not a type of seizure disorder, but a term that describes the tendency of a person to have seizures.

Epilepsy is not contagious; it is a neurological disorder. Children with epilepsy do not necessarily have a disability. For some children, epilepsy is only a mild inconvenience.

Be careful about being overprotective of children who have seizures. This is not to suggest that you ignore the needs of a child with a seizure disorder, but try not to treat that child differently from other children. Don't use the word "fit"; a child has a seizure, a child does not have a "fit."

Many parents want their children with seizure disorders to be included in child care programs. One mother said, "I'm not sure if she'll be accepted, but I want to try it. I pray that the other kids learn to be understanding." On the other hand, some parents don't want their children to feel "different." Another mother said, "I don't want other children to tease my son so I want to be in a place where there are other children like him. That's why I like the ARC center." You must respect the child's parents choices.

Here is a list of various types of seizures. A person with epilepsy may experience all or some of these seizures, depending the diagnosis.

■ **Partial seizures** (formerly called **petit mal seizures**)—If the excessive electrical discharge in the brain is limited to one area, the seizure is partial. A child who has partial seizures will not lose consciousness. Often you won't realize that a child is having a seizure, you may think the child is daydreaming for a few seconds.

■ **Tonic-clonic seizures** (formerly called **grand mal seizures**)— The tonic-clonic seizure is a generalized convulsion involving two phases. In the tonic phase, the child loses consciousness and falls, and the body becomes rigid. In the clonic period, the child's extremities jerk and twitch. After the seizure, consciousness is regained slowly.

■ **Aura**—Before a seizure starts, some people experience a sensation or warning feeling. For some people,

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an aura is felt as a change in body temperature, or a person may hear a musical sound, experience a strange taste, or even be aware of a particular smell.

■ **Febrile seizures**—These are convulsions brought on by a high fever. The seizure may look like a tonic-clonic seizure because the child loses consciousness and has convulsions, but they are not epileptic seizures. Some children seem to be more likely to have febrile convulsions than others. Use the same first aid procedures as you would for a tonic-clonic epileptic seizure.

■ **Status seizures or status epilepticus**—This term describes seizures that occur so frequently that a person does not recover consciousness between seizures. This is a medical emergency. If a child has had these in the past, make sure you and the child's parents come up with an action plan in the event that this situation occurs.

Some children may have very frequent seizures (every few hours or even every few minutes), while others can go for months or years without a seizure. Also, some children's seizures are easily controlled by medication, while other children continue to have seizures regardless of the medication that is tried.

IMPORTANT: If a child has a seizure disorder, make plans ahead of time with the child's parents about how to handle seizures should they occur.

The most important advice to you as a child's caregiver is to remain calm when a child has a seizure. This helps you, the child, and other children. If others see you acting calmly and confidently, they will, too. It will help children to not become alarmed by a seizure if you don't show alarm. You can mention, ahead of time, for example, that sometimes Johnny falls down but he doesn't get hurt, and we don't have to worry about him. You can make plans to have another adult casually move the rest of the group to another area and reassure them that Johnny will be okay.

What to do during a tonic-clonic seizure

This type of seizure often is the most dramatic and frightening to watch, but it is important to realize that a child having an epileptic seizure is usually

unconscious and feels no pain. The seizure usually lasts only a few minutes, and the child does not need medical care. This is what you should do:

1. Keep calm. There is no need to be frightened. You cannot stop a seizure once it has started. Let the seizure run its course. The child will regain consciousness in a few moments.

2. Protect the child from injury. A child having a seizure is almost sure to fall. Try to break the fall and keep the child from falling on anything sharp, such as furniture corners. Ease the child to the floor and loosen tight clothing, especially at the neck.

Remove nearby hard, sharp, or hot objects that might injure the child. Place a cushion or soft item under the head. Turn the child's head to the side, so that the saliva can flow from the mouth. Wipe away discharge from the nose and mouth to aid breathing.

3. Never try to restrain the child's movement. Restraint can lead to even more violent convulsing. Do **not** put anything in the child's mouth. It used to be recommended that, during a seizure, a bar be placed between a child's upper and lower teeth. Do not do this. It can cause severe damage to a child's teeth, and you may be bitten trying to insert the bar.

4. Help the child recover from the seizure. If necessary, the child should be allowed to rest or to sleep when the seizure is over. After resting, most children are fine.

If the child has a series of convulsions, with each successive one occurring before he or she has fully recovered consciousness, or a single seizure lasting longer than 10 minutes, contact the child's parent or guardian, or seek medical treatment if that is what has been agreed on.

Strategies for inclusion

■ Have a quiet place where the child can rest comfortably after a seizure.

■ Keep a change of clothing hand, because the child may lose control of her bladder during a seizure.

■ Encourage children with epilepsy to participate in

everyday activities and games. Children with epilepsy should not be alone in the water, but do not deprive them of the opportunity to enjoy swimming. Children with epilepsy who are supervised in water do not have a greater chance of drowning than other children. An adult supervising the child in the water should be aware of the child's seizure disorder and what should be done if a seizure occurs. If a child has a seizure while in the water, the child's head should be supported and moved to the side. Check for breathing. Medical care may be needed if water was taken in.

Resources for caregivers

Lee, the Rabbit with Epilepsy (1989 by Deborah M. Moss, Woodbine House Publishing) is written for children ages three to six years. This book can be used as a focus to explain epilepsy and its treatment to very young children. Check with your local public library or a bookstore to find this resource.

For further information, contact the Epilepsy Foundation of America, 4351 Garden City Drive, Landover, MD 20785; phone (800)-EFA-1000 or (301) 459-3700/

Technical references

Minier, R. (1994). "When children have seizures," May/June issue of *Scholastic Early Childhood Today*.

Spiegel, G.L., Ed. (1996). "What every teacher should know about epilepsy." *Intervention in School and Clinic* 32(1): 34-38.

Tyler, J.S., and S. Colson (1994). "Common pediatric disabilities: Medical aspects and educational implications." *Focus on Exceptional Children* 27(4):

More information

This publication is part of a series, Caring for Children with Special Needs. You may find other fact sheets in this series with helpful information. For the most current update of these fact sheets, check the National Network for Child Care website at: <http://www.nncc.org>

- Caring for Children with Special Needs: Feeling Comfortable (overview)-NNCC-98-06
- Caring for Children with Special Needs: The Americans with Disabilities Act-NNCC-98-07
- Caring for Children with Special Needs: Allergies and Asthma-NNCC-98-08
- Caring for Children with Special Needs: Attention Deficit Disorder-NNCC-98-09
- Caring for Children with Special Needs: Challenging Behaviors-NNCC-98-10
- Caring for Children with Special Needs: Chronic Illnesses-NNCC-98-11
- Caring for Children with Special Needs: Developmental Delays-NNCC-98-12
- Caring for Children with Special Needs: Hearing Impairments-NNCC-98-13
- Caring for Children with Special Needs: HIV or AIDS-NNCC-98-14
- Caring for Children with Special Needs: Physical Differences and Impairments-NNCC-98-15
- Caring for Children with Special Needs: Seizure Disorders-NNCC-98-16
- Caring for Children with Special Needs: Speech and Language Problems-NNCC-98-17
- Caring for Children with Special Needs: Visual Impairments)-NNCC-98-18



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Also see the National Network for Child Care web site:

<http://www.nncc.org>

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Supported by the

Cooperative State Research

Education and Extension Service, U.S. Department of Agriculture and the Cooperative Extension System's Children

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