If consciousness returns without further incident, and this general information as individual cases may vary, therefore a When seizures are continuous or any of these conditions hypoglycemia heat exhaustion high fever business after a rest period, and may need only limited like one. It stops naturally after a few minutes without ill care is wanted. 

If the seizure ends in under five minutes, and If medical I.D. jewelry or card says "Epilepsy," and whether the seizure is caused by Epilepsy. 

In this type of seizure the person undergoes convulsions which usually last from two to five minutes, with complete 

Several signs in an infant may indicate a possible visit to the emergency room, such as:

- Periods of blackout or confused memory.
- Sudden falls in a child for no apparent reason.
- Unconsciousness of several minutes or more.
- Periods of confusion or delirium.
- Difficulty breathing or bluish color to the skin.
- Seizures that occur more than once a month.

Is an Emergency Room Visit Needed? An uncomplicated convulsive seizure in someone who has Epilepsy is not a medical emergency, even though it looks like one. It stops naturally after a few minutes without ill effects. The average person is able to continue about his business after a rest period, and may need only limited assistance, or no assistance at all, in getting home. However, occasionally a seizure will fail to stop naturally and as noted earlier, there are several medical conditions other than Epilepsy that can cause seizures. These include:

- Diabetes
- Poisoning
- Hypoglycemia
- Heat exhaustion
- Head injury

When seizures are continuous or any of these conditions exist, immediate medical attention is necessary. The following are some suggestions to help people with Epilepsy avoid unnecessary trips to the emergency room and help one decide whether or not to call an ambulance. One should not rely on this general information as individual cases may vary therefore a physician should always be consulted in all emergencies.

No Need to Call An Ambulance

- If medical I.D. jewelry or card says "Epilepsy," and the seizure ends in under five minutes, and the consciousness returns without further incident, and there are no signs of injury, physical distress, or pregnancy.

An Ambulance Should Be Called

- If the seizure has happened in water.
- If there’s no medical I.D., and no way of knowing whether the seizure is caused by Epilepsy.
- If the person is pregnant, injured, or diabetic.
- If the seizure continues for more than five minutes.
- If a second seizure starts shortly after the first has ended.
- If consciousness does not start to return after the shaking has stopped.
- If the ambulance arrives after consciousness has returned, the person should be asked whether the seizure was associated with Epilepsy and whether emergency room care is wanted.

Special Considerations in Autism

Could It Be Epilepsy?

Only a physician can say for certain whether or not a person has Epilepsy. Many people miss the more subtle signs of the condition and therefore also miss the opportunity for early diagnosis and treatment. The symptoms listed below are not necessarily indicators of Epilepsy, and may be caused by some other, unrelated condition. However, if one or more is present, a medical check-up is recommended.

- Periods of blackout or confused memory.
- Occasional "fainting spells" in which blinder or bowel control is lost, followed by extreme fatigue.
- Episodes of blank staring in children; brief periods when there’s no response to questions or instructions.
- Sudden falls in a child for no apparent reason.
- Episodes of blushing or chewing at inappropriate times.
- A convolution, with or without fever.
- Clusters of swift jerking movements in babies.

For Law Enforcement Officers: Epilepsy And Drugs

Despite medical progress, Epilepsy cannot be cured in the same sense that an infection can be cured. However, seizures can often be controlled by medication, which may significantly reduce in most people who have the disorder. This control is achieved through regular, daily use of anticonvulsant drugs called anticonvulsants. Dosages may have to be taken up to four times a day, and people with Epilepsy therefore usually carry medication with them. To miss a scheduled dose is to risk a seizure. Many medications are used in the treatment of Epilepsy. More than one drug may be prescribed. Among them phenobarbital, Ativan (lorazepam), Klonopin (clonazepam), Tranzeer (clorazepate) and Valium (diazepam). If a law enforcement officer has any doubts about the legality of a person’s possession of medication, the physician who prescribed the drug, or the pharmacy that dispensed it, should be contacted without delay. A person with Epilepsy can be turned gently while in the seat so that the angle at which the person is passed, he can be turned gently while in the seat so that

Takes the form of a blank stare lasting

Produces involuntary movements of arm or

In this type of seizure the person undergoes convulsions which usually last from two to five minutes, with complete

Types of Seizures

Generalized tonic clonic seizure: These are the ones which most people generally think of when they hear the word "Epilepsy."

Partial seizure:

Absence seizure:

In this type of seizure the person undergoes convulsions which usually last from two to five minutes, with complete

Episodes of automatic behavior, known as complex partial seizures, in which the person, unaware of where he is or what his circumstances are, injures himself in unconscious efforts to escape, or is injured in struggles with law enforcement personnel. A person having this type of seizure is an automatic pilot so far as his actions are concerned. Efforts to restrain can produce a fighting reaction which he cannot control.

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# Autism, Epilepsy & Seizures:
How to Recognize the Signs and Basic First Aid When You Do

<table>
<thead>
<tr>
<th>SEIZURE TYPE</th>
<th>WHAT IT LOOKS LIKE</th>
<th>WHAT IT IS NOT</th>
<th>WHAT TO DO</th>
<th>WHAT NOT TO DO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalized Tonic Clonic (Also called Grand Mal)</td>
<td>Sudden cry, fall, rigidity, followed by muscle jerks, shallow breathing or temporarily suspended breathing, bluish skin, possible loss of bladder or bowel control, usually lasts a couple of minutes. Normal breathing then starts again. There may be some confusion and/or fatigue, followed by return to full consciousness.</td>
<td>Heart attack. Stroke.</td>
<td>Look for medical identification. Protect from nearby hazards. Loosen ties or shirt collars. Protect head from injury. Turn on side to keep airway clear unless injury exists. Reassure as consciousness returns. If single seizure lasted less than 5 minutes, ask if hospital evaluation wanted. If multiple seizures, or if one seizure lasts longer than 5 minutes, call an ambulance. If person is pregnant, injured, or diabetic, call for aid at once.</td>
<td>Don't put anything in the mouth. Don't try to hold tongue. It can't be swallowed. Don't try to give liquids during or just after seizure. Don't use artificial respiration unless breathing is absent after muscle jerks subside. Don't restrain.</td>
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<tr>
<td>Absence (Also called Petit Mal)</td>
<td>A blank stare, beginning and ending abruptly, lasting only a few seconds, most common in children. May be accompanied by rapid blinking, some chewing movements of the mouth, Child or adult is unaware of what's going on during the seizure, but quickly returns to full awareness once it has stopped. May result in learning difficulties if not recognized and treated.</td>
<td>Daydreaming. Lack of attention. Deliberately ignoring adult instructions.</td>
<td>No first aid necessary, but if this is the first observation of a seizure, medical evaluation is recommended.</td>
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<tr>
<td>Simple Partial</td>
<td>Jerking may begin in one area of the body, arm, leg, or face. Can't be stopped, but patient stays awake and aware. Jerking may proceed from one area of the body to another, and sometimes spreads to become a generalized convulsive seizure.</td>
<td>Acting out, bizarre behavior. Hysteria. Mental illness. Psychosomatic illness. Parapsychological or mystical experience.</td>
<td>No first aid necessary unless seizure becomes convulsive, then first aid as above. No immediate action needed other than reassurance and emotional support. Medical evaluation is recommended.</td>
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<td>Complex Partial (Also called Psychomotor or Temporal Lobe)</td>
<td>Usually starts with blank stare, followed by chewing, followed by random activity. Person appears unaware of surroundings, may seem dazed and mumble. Unresponsive. Actions clumsy, not directed. May pick at clothing, pick up objects, try to take clothes off. May run, appear afraid. May struggle or flail at restraint. Once pattern established, same set of actions usually occur with each seizure. Lasts a few minutes, but post-seizure confusion can last substantially longer. No memory of what happened during seizure period.</td>
<td>Drunkeness. Intoxication on drugs. Mental illness. Disorderly conduct.</td>
<td>Speak calmly and reassuringly to patient and others. Guide gently away from obvious hazards. Stay with person until completely aware of environment. Offer to help getting home.</td>
<td>Don't grab hold unless sudden danger (such as a cliff edge or an approaching car) threatens. Don't try to restrain. Don't shout. Don't expect verbal instructions to be obeyed.</td>
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<tr>
<td>Atonic Seizures (Also called Drop Attacks)</td>
<td>A child or adult suddenly collapses and falls. After 10 seconds to a minute he recovers, regains consciousness, and can stand and walk again.</td>
<td>Clumsiness. Normal childhood “stage.” In a child, lack of good walking skills. In an adult, drunkenness, acute illness.</td>
<td>No first aid needed, unless the person was hurt upon falling. Medical evaluation is recommended.</td>
<td></td>
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<td>Myoclonic Seizures</td>
<td>Sudden brief, massive muscle jerks that may involve the whole body or parts of the body. May cause person to spill what they were holding or fall off a chair.</td>
<td>Clumsiness Poor coordination.</td>
<td>No first aid needed, but medical evaluation is recommended.</td>
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<tr>
<td>Infantile Spasms</td>
<td>These are clusters of quick, sudden movements that start between 3 months and two years. If a child is sitting up, the head will fall forward, and the arms will flex forward. If lying down, the knees will be drawn up, with arms and head flexed forward as if the baby is reaching for support.</td>
<td>Normal movements of the baby. Colic.</td>
<td>No first aid needed, but medical evaluation is recommended.</td>
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