

Seizure Types

Seizure Type	What it Looks Like	What it is NOT	What to do	What NOT To Do
Generalized Tonic-Clonic (Grand Mal)	Sudden cry, fall, rigidity, followed by muscle jerks, shallow breathing or temporarily suspended breathing, bluish skin, possible loss of bladder 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.	Heart attack. Stroke. Unknown but life threatening emergency.	Look for medical identification. Protect from nearby hazards. Loosen tie or shirt collars. Place soft item under head. Turn on side to keep airway clear Reassure when consciousness returns. If multiple seizures or if one seizure lasts more than five minutes, call an ambulance. If a person is pregnant, injured or diabetic, call for aid at once.	Don't put any hard implement in 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 or unless water has been swallowed. Don't restrain.
Simple Partial (Jacksonian) (Partial Sensory)	Jerking begins in fingers or toes. Can't be stopped by patient, but patient stays awake and aware. Jerking may proceed to involve hand, arm and sometimes spread to the entire body and becomes a convulsive seizure. Partial sensory seizures may not be obvious to an onlooker. Patient experiences a distorted environment. May see or hear things that aren't there. May feel unexplained fear, sadness, anger or joy. May have nausea, experience odd smells and have a generally "funny" feeling in the stomach.	Acting out. Bizarre behavior. Hysteria. Mental illness. Psychosomatic illness. Para-psychological or mystical experience.	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 should be recommended.	

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Complex Partial (Psychomotor or Temporal lobe)	Usually starts with a blank stare, followed by chewing, followed by random activity. Persons appear unaware of surroundings, may seem dazed and mumble. Unresponsive. Actions clumsy, not directed. May pick at clothing, pick up objects, and/or try to take clothes off. May run, appear afraid. May struggle or flail at restraint. Once pattern has been 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.	Drunkenness Intoxication of drugs. Mental illness. Disorderly conduct.	Speak calmly and reassuringly to patient and others. Guide gently away from obvious hazards. Stay with person until completely aware of environment. Offer the person help in getting home.	Don't grab hold unless sudden danger (such as a cliff edge or an approaching car) threatens. Don't attempt to restrain. Don't shout. Don't expect verbal instructions to be obeyed.
Myoclonic Seizures	Sudden brief, massive muscle jerks that may involve the whole body or parts of the body. May cause a person to spill what they were holding, or fall off of a chair.	Clumsiness. Poor coordination	No first aid needed but should be given a thorough medical evaluation.	

*There are also other types of seizures. For more information, please contact the Epilepsy Foundation of Greater Los Angeles at the number/email below.



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