

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
- brain infections
- hypoglycemia
- heat exhaustion
- high fever
- pregnancy
- 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
- If the seizure ends in under five minutes, and
- If consciousness returns without further incident, and
- If 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.

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 be controlled completely or significantly reduced in most people who have the disorder. This control is achieved through regular, daily use of antiseizure drugs called anticonvulsants. Doses 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), Tranxene (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. Depriving a person with Epilepsy of access to her medication may put her health and life at risk.

When medication is taken away, for even as little as several hours, the following may happen:

- A convulsive seizure with subsequent injury due to falling on cement floors, or in a confined area.
- A series of convulsive seizures called status epilepticus, in which the convulsions continue non-stop, or are followed by coma or a subsequent series of seizures. These are life threatening, and the mortality risk is high unless prompt treatment at a properly equipped medical facility is available.
- 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 on automatic pilot so far as his actions are concerned. Efforts to restrain can produce a fighting reaction which he cannot control.

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 bladder 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 blinking or chewing at inappropriate times.
- A convulsion, with or without fever.
- Clusters of swift jerking movements in babies.

Autism, Epilepsy & Seizures:

How to Recognize the Signs and Basic First Aid When You Do



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