



Emergency Department

**First Fit (Seizure)**

Information for Parents/ Carers

**What is a seizure?**

Fit, seizure and convulsion are all words to describe the same thing. Your child has attended the Emergency Department because he/she had a fit.

This does not necessarily mean mean that they have epilepsy. 1 in 20 people will have a fit at some time of their life.

The brain is a very complex organ which controls every action of your body. Sometimes the electrical signals within the brain become uncontrolled or disturbed and this can cause a fit. It can be very frightening to see someone having a fit, especially your own child.

It is also confusing and often disturbing for the child who may have very little memory of what has happened to them. Most seizures are of short duration and will last less than 5 minutes. There are certain first aid measures that you need to know:

**What can you do?**

- Try to stay calm
- Protect them from injury (this may include turning them onto their side on a flat surface - the floor, putting something soft under the head or cushion the head with your hands and removing harmful objects from being near to them)
- If you can notice the time that the seizure started- if stiffness and/or jerking continues for more than 5 minutes you should get help (see below)
- If possible, (and you are able to without leaving your child to get your phone), try to video the seizure on your mobile phone, as this can provide a lot of useful information to the child's healthcare professional
- Stay with your child until they have fully recovered

**What NOT to do**

- Do not attempt to restrict their movement or try to stop the jerking
- Do not move them unless they are in danger
- Do not put anything in the mouth or attempt to force the teeth apart
- Do not give them anything to eat or drink until they are fully awake

**Activities after a seizure**

There are some situations which can be more dangerous for children who have had a fit. Carers should be aware that activities don't need to be restricted but that supervision is important to ensure your child's safety.

**Bathing** - It is important that any young child is not left alone in the bath. Older children should always let someone know that they are going for a bath and not lock the door. Showering is a useful alternative if available but again advise them to leave the door unlocked.

**Cycling** - Riding a bike is fine in safe areas such as parks and residential areas with little traffic. ALL children should wear cycle helmets and should avoid heavily trafficked roads.

**School** - It is useful for your child's school teacher to know that your child has had a fit but this does not mean that he/she should be treated any differently. It should ensure that their teacher is familiar with the first aid treatment should this occur again.

**Using a computer**- The advice for any child would be using screentime in moderation, not for several hours and always in a well lit room

### When should you worry?

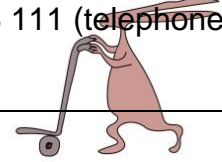
<b>RED</b>	<p><b>If your child has any of the following:</b></p> <ul style="list-style-type: none"> <li>• Is under 1 year of age</li> <li>• Has a seizure lasting more than 5 minutes and/or does not recover rapidly afterwards</li> <li>• Remains drowsy or lethargic more than an hour after their seizure</li> <li>• Has weakness of the arms or legs, visual difficulties (double vision) or difficulty speaking after the seizure has stopped</li> <li>• Is extremely agitated, confused or very lethargic (difficult to wake)</li> <li>• Is pale, mottled and feels abnormally cold to touch</li> <li>• Has blue lips</li> <li>• Has a rash that does not disappear with pressure (the 'Glass Test')</li> </ul>	<p><b>Your child needs urgent help</b>  <b>Go to your nearest Hospital Emergency department (A&amp;E) or ring 999</b></p>
<b>AMBER</b>	<p><b>If your child has any of the following:</b></p> <ul style="list-style-type: none"> <li>• This is their first seizure but they do not have any red features</li> <li>• Has a second febrile convulsion (less than 5 minutes) within a single bout of illness</li> <li>• Seems dehydrated (sunken eyes or not passed urine for 12 hours)</li> <li>• Is drowsy (excessively sleepy) or irritable (unable to settle them with toys, TV, food or picking up) – especially if they remain drowsy or irritable despite their fever coming down</li> <li>• Continues to have a fever of 38.0°C or more for more than 5 days</li> <li>• Seems to be getting worse or if you are worried</li> </ul>	<p><b>Immediately contact your GP or call NHS 111 and make an appointment for your child to be seen that day face to face.</b></p>

**GREEN****If none of the above features are present**

Seizure lasting less than 5 minutes with full recovery in a child with previous febrile convulsions or known epilepsy

**Give care at home**

If you are still worried, please see your local pharmacist or call NHS 111 (telephone 111)

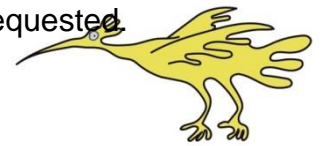


This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

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