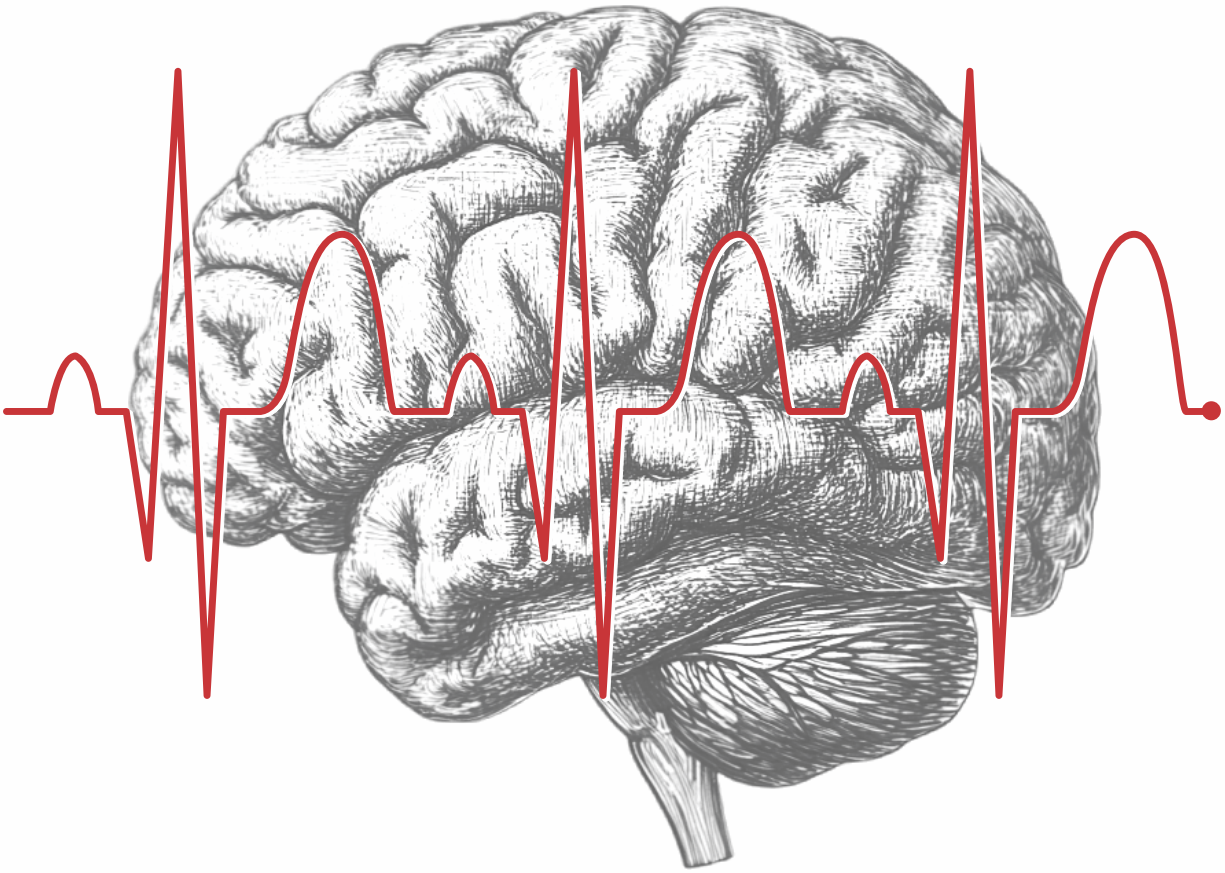
epilepsy™
SOUTH AFRICA
Igniting the Flame of Potential



Epilepsy and Emergency Seizure Management

A guide for persons with epilepsy, their families and caregivers

What is epilepsy?

Epilepsy is a neurological condition in which a person has a tendency to experience recurrent, unprovoked seizures. A seizure happens when there is a sudden burst of abnormal electrical activity in the brain that briefly disrupts how the brain works.

Epilepsy is not a single condition. It affects each person differently, depending on the type of seizure and the underlying cause. With the right diagnosis and treatment, many people with epilepsy gain good seizure control and lead full, active lives.

Understanding seizure types

Seizures are grouped according to where they begin in the brain and how they affect a person. The table below shows the main types, what you might see, and how to help.

Seizure type	What you might see	How to help
Focal seizures *(begin in one area of the brain)*	The person may stay aware or have reduced awareness. Jerking or stiffness in one part of the body; unusual smells, tastes or sensations; a rising feeling in the stomach; confusion; repeated movements such as lip-smacking; wandering or behaving strangely.	Stay calm and reassure them. Do not restrain them. Gently guide them away from danger such as a road. Speak softly; they may be confused and could react if grabbed. Stay until they are fully aware.
Generalised seizures *(involve both sides of the brain)*	Usually affect awareness and the whole body. Tonic-clonic (stiffening then jerking, often with a fall); absence (brief blank staring); myoclonic (sudden jerks); atonic (sudden loss of muscle tone and a fall).	For tonic-clonic seizures, follow **STAY – SAFE – SIDE** and time the seizure. For brief or absence seizures, stay with the person and guide them away from hazards. Check for injury after any fall.
Unclassified seizures	In some cases a seizure cannot yet be clearly classified.	A healthcare provider will assess the seizure type over time and guide treatment.

Important: Some people experience prolonged seizures, or repeated seizures close together (seizure clusters). These can become a medical emergency and may need urgent treatment.

What is status epilepticus?

A seizure that lasts 5 minutes or longer, or repeated seizures without recovery in between, is called status epilepticus. A prolonged convulsive (tonic-clonic) seizure is a medical emergency. The sooner treatment is started, the better the outcome, so call for emergency help without delay and follow the person's emergency plan if they have one.

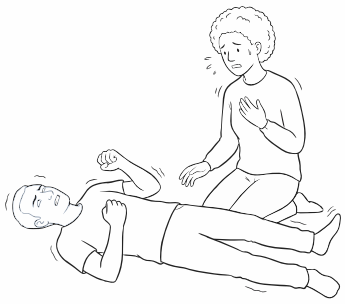
What to do during a seizure

Stay calm and focus on safety. Time the seizure. Protect the person from injury by moving objects away and cushioning their head. Loosen tight clothing and allow the seizure to run its course. When the active jerking has settled, or if the person is not aware, gently place them on their side to help keep the airway clear. Stay with them until they have fully recovered.

Seizure first aid: STAY – SAFE – SIDE

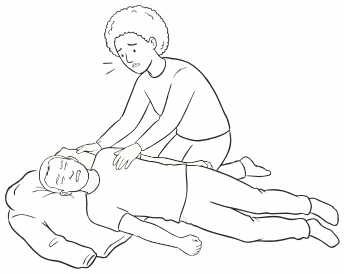
Most seizures stop on their own.
If you see someone having a seizure, follow 3 simple steps:

1 STAY



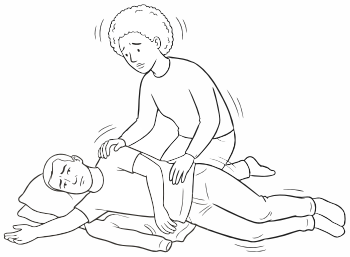
- Stay with the person and remain calm. Note the time the seizure starts so you can time how long it lasts.
- Keep them company until they are fully awake and aware. Look for a medical bracelet, card or other identification.

2 SAFE



- Keep the person safe. Move away anything hard or sharp and cushion their head with something soft.
- Loosen anything tight around the neck.
- Do not move them unless they are in danger.

3 SIDE



- Once the active jerking has settled, or if they are not awake and aware, place them in the recovery position. This helps keep the airway clear.
- Stay with them until they have fully recovered.

Do NOT

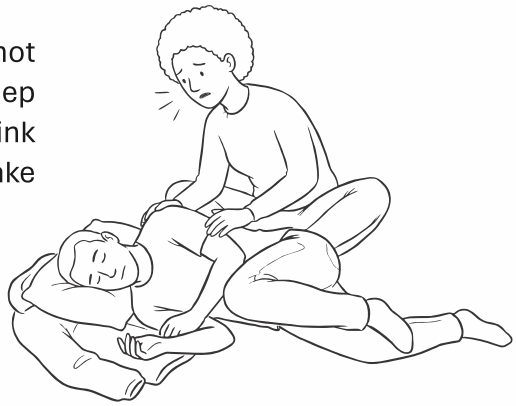
- ✘ Do not hold the person down or try to stop their movements.
- ✘ Do not put anything in their mouth – a person cannot swallow their tongue.
- ✘ Do not give food, drink or oral medicine during a seizure.
- ✘ Rescue medicine may be given only if it has been prescribed and you have been trained to give it.

After the seizure

How to place someone in the recovery position:

1. Kneel beside the person. If they are pregnant, kneel on their left and roll them onto their left side.
2. Place the arm nearest you out at a right angle to their body, palm facing up.
3. Bring their far hand across to rest against their near cheek, and bend their far knee up.
4. Gently pull the bent knee towards you so they roll onto their side, facing you.
5. Tilt the chin slightly to keep the airway open and check nothing is blocking the mouth. Stay with them.

The person may feel confused, tired or emotional, and may not remember the seizure. Offer reassurance, let them rest, and keep them safe and comfortable. Do not give them anything to eat or drink until they are fully alert. Some people recover quickly; others may take longer to feel themselves again.



When to get emergency help

Call an ambulance – 10177 (landline) or 112 (any cellphone) – if:

- The seizure lasts longer than 5 minutes.
- One seizure follows another without the person recovering in between.
- The person has difficulty breathing.
- The person does not wake up or regain awareness.
- The person is injured during the seizure, or is pregnant or unwell.
- The seizure happens in water.
- It is the person's first-ever seizure.
- You are worried for any reason.

Emergency medicine (rescue treatment)

Some persons with epilepsy are at risk of prolonged seizures or seizure clusters. For them, a healthcare professional may prescribe an emergency medicine, also called a rescue medicine, to help stop a seizure quickly – often outside hospital. The rescue medicines most commonly used belong to a group of medicines called benzodiazepines. They are designed to act quickly during a prolonged seizure or cluster. Depending on what has been prescribed, they may be given:

- as a spray into the nose (intranasal);
- into the side of the mouth, between the cheek and gum (buccal);
- rectally; or
- by injection, in a hospital setting.

A rescue medicine is always part of an individual seizure management plan. The choice of medicine, the way it is given, and when to use it are decided by the prescribing healthcare professional. Anyone who may need to give the medicine – including family members, caregivers or school staff – should be trained by a healthcare professional and should follow the written plan. The South African Standard Treatment Guidelines support the use of rescue medicine in specific situations, such as prolonged seizures or seizure clusters, including where a drip (intravenous access) is not available.

Safety

A responsible adult should watch over the person as advised by the healthcare professional and seek emergency help if there is any concern. Keep any prescribed rescue medicine in a safe place, away from children, and check the expiry date.

When to speak to your doctor

Ask your doctor:

- Do I, or does the person I care for, need a rescue medicine?
- What should I do if a seizure lasts longer than 5 minutes?
- Can my caregiver, family or school be trained to help?
- Can we write a seizure action plan together?

www.epilepsy.org.za

References

- World Health Organization. Epilepsy: a public health imperative. Geneva: WHO.
- International League Against Epilepsy (ILAE). Operational classification of seizure types.
- National Department of Health, South Africa. Standard Treatment Guidelines and Essential Medicines List, Primary Healthcare Level — Chapter 15: Central Nervous System Conditions (2020 edition, Version 1.0, 26 May 2025).
- Epilepsy South Africa.