

Information Following a Suspected First Seizure

The Neurology Team (Adult Services)

Diana Princess of Wales Hospital, Grimsby

This leaflet has been designed to give you important information about your condition / procedure, and to answer some common queries that you may have.



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What happened to me?

You have been given this leaflet because you have had a suspected seizure. There can be lots of different medical causes and you may be offered various tests to rule these out. A seizure can be triggered by stress, exhaustion, a bang on the head, pain, overuse of alcohol, drugs or illness.

5% of people will experience an epileptic seizure in their lifetime. This does not mean that you have epilepsy. A diagnosis of epilepsy will usually only be made after you have had two or more seizures on separate occasions.

50% of people never have another episode.

What happens next?

Usually, after a first seizure, no treatment is needed, and you can go home. You should contact your G.P. if you have another attack, unless it is an emergency and you need to return to the Accident and Emergency Department.

If the cause is uncertain or Doctors feel this episode needs further investigation you will be referred onto the First Seizure care pathway. This means that you will be offered an appointment to see the neurologist and the specialist nurse, usually within 2-3 weeks.

Can I Drive?

Anyone who has experienced an unexplained loss of consciousness/suspected seizure **must stop driving** and contact the DVLA for further advice. You can face a large fine and your insurance will be invalid if you do not inform them. This is **YOUR** responsibility.

DVLA contacts

Drivers Medical Group, Swansea SA99 1TU

Tel (car or motorcycle licence) 0300 790 6806

Or you can email via the link on the DVLA website

What do I tell Work?

It is sensible to tell your line manager or Occupational Health department so you can discuss how to keep you and others safe if it happens again.

You must inform your employer if:

- Your job involves driving (any vehicle) or if you fly aircraft
- You are in the armed forces, police, fire service, merchant navy
- You or anyone else could be at risk if it happens again

e.g. you work at heights, near water, with heat sources, with machinery or with children / vulnerable adults.

How do I keep myself safe?

- Use your common sense and remember it may never happen again
- Avoid any triggers you may have identified
- Try to live a healthy lifestyle, with a good diet and adequate rest
- Having a shower is safer than a bath
- Use a microwave rather than a cooker and only boil enough water for your drink
- Let people know where you are and when you expect to be back



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- Tell the pool attendant if you go swimming, or go with someone that knows what to do if you have an attack
- Avoid activities where it would be difficult to get help to you or solitary activities
- Avoid unprotected heights and unsupervised areas of water
- It is always sensible not to smoke, limit alcohol
- Avoid excessive stress, sleep deprivation and tiredness
- Wear a helmet when cycling and avoid main roads
- Put free standing heaters where they are least likely to be knocked over if you have an attack

For most people, if you are going to have another episode, it will happen within the next six months.

First Aid

DO

- Keep calm
- Check the time to monitor how long the attack lasts
- Loosen any tight clothing around the neck
- Protect the person from injury (e.g. remove sharp or hard objects from the area.) If they are confused, guide them away from danger such as stairs or a road.
- Protect the head and try to protect any skin at risk from carpet burns
- Stay with them until they are fully recovered and aware of their surroundings

- Gently reassure them as they recover

After the seizure, if the person is unconscious, aid their breathing by rolling them onto their side and gently lifting their chin, tilting the head backwards (the recovery position) until they regain awareness.

DON'T

- Try to restrain the person or their movements
- Put anything between their teeth
- Try to move them (unless they are in danger)
- Give the person anything to eat or drink until they are fully recovered

When should an ambulance be called?

- If a convulsive (shaking) seizure lasts more than three minutes
- If one convulsive seizure follows another with no recovery in between
- If the person has injured themselves during a seizure
- If they are having trouble breathing

What do I do next?

It is common to feel nervous and anxious about returning to normal activities, but your confidence will return, the more that you do. Follow any advice that you have been given regarding lifestyle and general safety, but try not to let this episode restrict your activities.

Many people will never have another episode, however, if you do, contact your GP as soon as possible who will be able to investigate further.



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How do I describe what happened?

When trying to work out why someone has had a fit, faint or funny turn, it is very useful for the doctors to have a description from someone who saw what happened. If there was a witness, please bring them with you to the appointment so the doctor can ask them questions. The doctor is likely to be interested in the following things:

What was the person doing before the episode started?
Was there any mood change? Excitement? Anxiety?
Did they mention any unusual feelings
What made them notice something was happening?
Did they lose consciousness or were they confused?
Did their colour change? If so , please describe
Did their breathing alter?
Were there any movements in their body or limbs?

Which side?
Did they bite their tongue?
Did they wet themselves?
How long did the episode last?
How were they afterwards?
How long was it before they could go back to normal activities?

It is helpful to keep a record of dates and times the episodes occur

Please write the dates and times here



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Please use this section to write down any information about your attack which would help the doctor e.g. any medication you take

Please use this section to write any questions that you would like to ask

Contact details for Further Information

However, if you would like more information about diagnosis, driving and first aid up to date advice is available from:

Epilepsy Action
0808 800 5050

www.epilepsy.org.uk

Or

Epilepsy Society
01494 601400

www.epilepsysociety.org.uk

Or

You can contact the Epilepsy Nursing Service on 01472 302308.

Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email:

nlg-tr.PALS@nhs.net

N.B. the fact that you have been given this leaflet does not mean that you have a diagnosis of epilepsy

Confidentiality

Information on NHS patients is collected in a variety of ways and for a variety of reasons

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(e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

Zero Tolerance - Violent, Threatening and Abusive Behaviour

The Trust and its staff are committed to providing high quality care to patients within the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.

Moving & Handling

The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, please speak to a member of staff in the ward or department you are visiting.

Northern Lincolnshire and Goole NHS Foundation Trust

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