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GUIDELINES FOR TEACHERS

Epilepsy Crisis

2024



Epilepsy

What is it?

Epilepsy is a disease that originates from a disturbance in brain function, due to an abnormal discharge of some or almost all neurons in the brain. This discharge has a sudden and unpredictable activation and is usually of short duration (lasting from seconds to minutes, but rarely exceeding 15 minutes), maintaining normal brain function in between episodes. These crises tend to repeat over time, their frequency varying from patient to patient.

Is epilepsy the same for all patients?

Epilepsy can manifest itself with different types of crises:

- 1) Partial or focal crises: these are discharges confined to a specific area of the brain, and their characteristics depend on the area affected, as well as its propagation or not to other brain cells.
 - a. Simple: may involve only contractions of a limb or the face
 - b. **Complex**: involve a sudden change in activity, detachment from the surrounding environment, often accompanied by inappropriate movements (ex: dressing or undressing, walking, chewing)
- 2) **Generalized crises**: triggered by electrical discharges that impact the entire cerebral cortex from the start. These can occur in two different ways:
 - a. Generalized compulsive crises
 - **b. Absence crises:** characterized by brief pauses in activity, with a very short duration of unawareness, almost imperceptible.

What to do in the event of a generalized convulsive crisis?

In the chance that you witness a generalized convulsive seizure, with a fall and generalized muscle spasm:

- 1. Remain calm and keep track of the duration of the crises, periodically checking your watch
- 2. Place a towel or a folded jacket under the person's head
- 3. When the spasms (convulsions) stop, place the person in the recovery position on their side
- 4. Stay with the person until they fully regain their awareness and being to breathe normally
- 5. If the seizure lasts longer then 5 minutes, call an ambulance.

What not to do:

DO NOT introduce any object into the persons mouth or attempt to pull their tongue (the belief that people can "swallow their tongue" and suffocate is unfounded)

DO NOT try to forcibly restrain the person

DO NOT give them something to drink

What to do in case of a milder seizure?

If you witness a "milder seizure", without a fall or convulsive episode (for example, where there is only a brief period of confusion and unusual behaviors):

- 1. Protect the person from any potential danger during the crisis
- 2. Provide appropriate support until they regain full consciousness

When to call 112?

- 1. Whenever you have doubts about the best course of action.
- 2. If it is the persons first seizure (i.e. without a previous epilepsy diagnosis)
- 3. If the seizure lasts longer than usual (seizures usually should not exceed 2-3 minutes) or if repeated seizures occur without consciousness being regained in between them
- 4. If the seizure results in a serious injury
- 5. If there is difficulty regaining normal breathing after a seizure

For further clarification regarding the student's situation:

Regarding the compensatory measures the student is using, contact the colleagues in the department responsible for issues related with Special Education Needs (NEE).

If there is any specific question about a student with epilepsy, contact GAPsi.

Although some students with epilepsy are identified, with a known clinical history and epilepsy profile, there may be students who are not identified. In the case of doubt, follow the safety procedures outlined here and contact 112.

GAPsi:

Internal phone number: 524125 External phone number: 217500435 Email: gapsi@ciencias.ulisboa.pt

Sources of Information:

http://www.epilepsia.pt/lpce - Liga Portuguesa Contra a Epilepsia

https://www.epilepsy.com/ - Epilepsy Foundation



This informative table was created by the Epilepsy Foundation.