GENERAL INFORMATION ON DEALING WITH SEIZURES

Some examples of types of seizures some of our athletes have:

Gelastic Seizure: (also known as laughing seizure)
Gelastic seizures are brief outbursts of emotion, usually in the form of a laugh or a cry. They may be accompanied by forced eye movements, chewing or grinding of the teeth, tonic posturing, and clonic jerking. The person may appear confused and/or dazed during and after an episode. Gelastic seizures usually last 5 to 60 seconds. The person may remember them clearly or may be completely unaware of what occurred. Gelastic seizures are both unpredictable and unprovoked by the person's surroundings. They are abrupt in onset and quickly over. Gelastic seizures may occur nocturnally, waking the person from sleep and leaving them exhausted.

Tonic Clonic Seizure: (Grand Mal)
In a generalized tonic-clonic (grand mal) seizure, the person will usually emit a short cry and fall to the floor. Their muscles will stiffen (tonic phase) and then their extremities will jerk and twitch (clonic phase). Bladder control may be lost. Consciousness is regained slowly. After a seizure, the person may feel fatigue, confusion and disorientation. This may last from 5 minutes to several hours or even days. Rarely, this disorientation may last up to 2 weeks. The person may fall asleep, or gradually become less confused until full consciousness is regained.

Absence Seizure: (Petit Mal)
In an absence seizure, epileptic activity occurs throughout the entire brain. It is a milder type of activity that causes unconsciousness without causing convulsions. After the seizure, there is no memory of it. An absence seizure begins abruptly and without warning, consists of a period of unconsciousness with a blank stare, and ends abruptly. There is no confusion after the seizure, and the person can usually resume full activity immediately. An absence seizure may be accompanied by chewing movements, rapid breathing, or rhythmic blinking. Absence seizures are short, usually lasting only 2-10 seconds. They are very mild, and may go unnoticed by parents and teachers. Because absence seizures may recur frequently during the day, a child who experiences them may have difficulty learning if they are not recognized and treated.

Important Facts to Remember – Although seizures look different, they have certain things in common:

- *During a seizure, a person stops breathing for only a few seconds.*
- *If a person starts to bleed from the mouth, s/he has probably bitten the tongue and is most likely not bleeding for any other reason. This can be taken care of after the seizure ends. Most seizures only last 1-2 minutes, although the person may be confused for a long time afterwards.*
- *The brain almost always stops the seizures safely and naturally.*
- *Once a seizure has begun, you cannot stop it - just let it run its course.*
- *Only in emergencies, doctors use drugs to bring a non-stop seizure to an end.*
- *People don't feel pain during a seizure, although muscles might be sore afterwards.*
- *Seizures are usually not life threatening, but the risk is increased in seniors by the extra strain on the heart, the possibility of injury, or a reduced intake of oxygen.*
- *Seizures are not dangerous to others.*
- *Seizures are not contagious.*
- *When you see someone having a seizure, do not be frightened.*
- *Call Medical Staff immediately.*

Seizures: What To Do Guidelines:

- *In all types of seizures, the goal is to protect the person from harm until full awareness returns.*
- *The less done to a person during a relatively brief seizure, the better.*

1. ***Keep Calm. Call for medical staff immediately**. Seizures may appear frightening to the onlooker. They usually last only a few minutes and generally do not require medical attention. Remember that the person having a seizure may be unaware of their actions and may or may not hear you.*

2. ***Protect from further injury**. If necessary, ease the person to the floor. Move any hard, sharp or hot objects well away. Protect the person's head and body from injury. Loosen any tight neckwear.*

3. ***Do not restrain the person**. If danger threatens, gently guide the person away. Agitation during seizure episodes is common. Trying to restrain or grabbing hold of someone having a seizure is likely to make the agitation worse and may trigger an instinctive aggressive response.*

4. ***Do not insert anything in the mouth.** The person is not going to swallow the tongue. Attempting to force open the mouth may break the teeth or cause other oral injuries.*

5. ***Roll the person on their side after the seizure subsides.** This enables saliva to flow from the mouth, helping to ensure an open-air passage. If there is vomit, keep the person on their side and clear out their mouth with your finger using plastic gloves/Universal Precautions.*

6. ***Talk gently to the person**. After any type of seizure, comfort and reassure the person to assist them in reorienting themselves. The person may need to rest or sleep. If the person wanders, stay with them and talk gently to them.*

First Aid in the Water

If a seizure occurs while a person is in the water, follow these procedures.

While in the water:

- *Turn the person face up.*
- *Support the face out of the water.*
- *Tilt head back to keep airway clear.*
- *Get the person out of the water as soon as possible.*

***Once out of the water**:*

- *Place person on their side.*
- *Check to see if person is breathing.*
- *If the person is not breathing, begin resuscitation promptly.*

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What is ATLANTO-AXIAL INSTABILITY?

Atlanto-axial instability or AAI describes an increased flexibility between the first and second bones of the neck. Most individuals with Down syndrome have some increased flexibility of joints, called ligamentous laxity, which can affect any of their joints. AAI refers to this condition when it affects the joint between the first and second cervical vertebrae. Since the vertebrae surround and protect the spinal cord, instability of the joint could place the spinal cord at risk for injury. These individuals must avoid activities that may put extra strain on the neck. High risk activities include gymnastics (especially tumbling and trampoline), diving, swimming the butterfly stroke, high jump, soccer, and squat in powerlifting. (Be sure to check a camper's medical form for other restricted activities!)

Campers with AAI will be identified on their credentials.