

When an epileptic seizure is suspected

- 1 DON'T BE AFRAID, DON'T PANIC, THINK SAFETY FIRST AND ACT CALMLY.**
 - Remove dangerous objects nearby to prevent accidental injury.
 - Don't move the patient, empty the neighboring seat and help him/her to lie down.
 - Loosen the collar to make breathing easier, if possible loosen the seat belt.
 - Give oxygen if seizure is prolonged and cyanosis is evident.
- 2 NEVER FORCE ANY HARD OBJECT BETWEEN THE TEETH.**
 - It is dangerous because the object might injure the patient.
 - If the patient is nauseated or producing much saliva, turn the head sideways.
- 3 OBSERVE THE CONDITIONS OF THE SEIZURE.**
 - Check the state of convulsion, facial color, eye position, movement in four limbs and difference in left and right limbs, body temperature, etc.
 - Check the time when seizure started and time the duration of seizure.
- 4 ALWAYS HAVE SOMEONE AT THE SIDE UNTIL THE PATIENT REGAINS CONSCIOUSNESS.**
 - After the patient comes to, if he/she has no complaint or paralysis, then normal activity may be resumed.
 - If he/she has headache or looks vacant and sleepy, let him/her continue to rest.
 - Do not try to interfere or stimulate the half-conscious state after the seizure. Leave the patient to recover quietly. It doesn't take long.
- 5 SUPPOSITORY MAY BE USED AS TREATMENT FOR SEIZURE THAT OCCURS IN THE PLANE.**
 - If request or consent from the patient or related personnel (attending doctor) is available, apply a suppository promptly to stop convulsion.
 - When the seizure has lasted continually or intermittently for more than 10 minutes, when there is serious injury due to the seizure, or when the physical condition is extremely poor, consult with medical personnel and request continued treatment urgently.

(Continued overleaf)

