

## Seizure Types

| Seizure Type                                | What it Looks Like  | What it is NOT  |
|---|---|---|
| <b>Generalized Tonic-Clonic (Grand Mal)</b> | Sudden cry, fall, rigidity, followed by muscle jerks, shallow breathing or temporarily suspended breathing, bluish skin, possible loss of bladder control. Usually lasts a couple of minutes. Normal breathing then starts again. There may be some confusion and/or fatigue. Followed by return to full consciousness. | Heart attack.<br><br>Stroke.<br><br>Life threatening emergency. |

| Seizure Type               | What it Looks Like  | What it is NOT   |
|----------------------------|---|--|
| <b>Absence (Petit Mal)</b> | A blank stare, lasting only a few seconds, most common in children. May be accompanied by rapid blinking, some chewing movements of the mouth. Child having the seizures is unaware of what is going on during the seizure, but quickly returns to full awareness once it has stopped. May result in learning difficulties if not recognized and treated. | Daydreaming.<br><br>Lack of attention.<br><br>Deliberately ignoring of adult instructions. |

| Seizure Type                       | What it Looks Like   | What it is NOT  |
|------------------------------------|--|---|
| <b>Simple Partial (Jacksonian)</b> | Jerking begins in fingers or toes. Can't be stopped by patient, but patient stays awake and aware. Jerking may proceed to involve hand, arm and sometimes spread to the entire body and becomes a convulsive seizure.  | Acting out.<br><br>Bizarre behavior.  |
| <b>(Partial Sensory)</b>           | Partial sensory seizures may not be obvious to an onlooker. Patient experiences a distorted environment. May see or hear things that aren't there. May feel unexplained fear, sadness, anger or joy. May have nausea, experience odd smells and have a generally "funny" feeling in the stomach. | Hysteria.<br>Mental Illness.<br>Psychosomatic illness.<br>Parapsychological or mystical experience. |

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|--|---|--|
| <b>Complex Partial (Psycho-motor or Temporal lobe)</b> | Usually starts with a blank stare, followed by chewing, followed by random activity. Persons appear unaware of surroundings, may seem dazed and mumble. Unresponsive. Actions clumsy, not directed. May pick at clothing, pick up objects, and/or try to take clothes off. May run, appear afraid. May struggle or flail at restraint. Once pattern has been established, same set of actions usually occur with each seizure. Lasts a few minutes, but post-seizure confusion can last substantially longer. No memory of what happened during seizure period. | <p>Drunkenness</p> <p>Intoxication of drugs.</p> <p>Mental illness.</p> <p>Disorderly conduct.</p>   |
| <b>Atonic Seizures (Drop Attacks)</b>                  | A child or adult suddenly collapses and falls. After ten seconds to one minute, the person recovers, regains consciousness and can stand and walk again.  | <p>Clumsiness.</p> <p>Normal childhood "stage."</p> <p><i>Child:</i> Lack of good walking skills.</p> <p><i>Adult:</i> Acute illness, drunkenness.</p> |
| Seizure Type   | What it Looks Like  | What it is NOT   |
| <b>Myoclonic Seizures</b>                              | Sudden brief, massive muscle jerks that may involve the whole body or parts of the body. May cause a person to spill what they were holding, or fall off of a chair.  | <p>Clumsiness.</p> <p>Poor coordination.</p>   |
| <b>Infantile Spasms</b>                                | These are quick, sudden movements that start between three months and two years. If a child is sitting up, the head will fall forward, and the arms will flex forward. If lying down, the knees will be drawn up, with arms and head flexed forward as if the baby is reaching for support.   | <p>Normal movements of the baby.</p> <p>Colic.</p>   |

**\* IMPORTANT NOTES:**

- The table is only to be used as a very general overview or guide. It is not necessarily a comprehensive or complete list of all seizures.
- Those who care for or are responsible for individuals with seizures in their home, school, clinic, day-care facility, hospital, college or residential facility should obtain more specific information about the seizure(s) experienced by those in their care.

- Readers are encouraged to obtain other published, scientific information about seizures.
- This table is provided as a service and should not be used to diagnose or treat seizures.
- Please consult your physician with questions and for further information.