



ACT Palliative Care
Society Inc.



Calvary
Health Care
ACT



Australian Government

Department of Health and Ageing

Introduction

A fit is a convulsion or seizure. It can cause twitching, involuntary limb movement, jerking or thrashing throughout the body and/or loss of consciousness. Fits can be caused by:

- high fever,
- infection in the spinal cord or in the fluid that surrounds the brain,
- a tumour in the spine or brain,
- a disturbance in the natural balance of some of the chemicals and/or hormones of the body, and/or
- some medications.

Fitting can almost always be prevented or managed by a group of medications called anticonvulsants.

Witnessing a fit for the first time can be a very startling experience for a carer. However, a fit usually passes very quickly and the person who has the fit usually has no memory of it afterwards.

Some people (particularly those who have a history of fits) can develop a sense that a seizure is about to happen (this is called an 'aura') but usually there is little or no warning that such an event is about to happen.

Most fits do not last long but some may last for many minutes and in severe and uncommon cases fitting can be continuous. Continuous fitting requires the attention of ambulance paramedics and the administration of emergency medications to make it stop.

Sometimes, but not always, minor twitching of the hands or spasms of the limbs (of the kind that sometimes happens as we start to drift off to sleep at night) can be a sign that a person is at risk of a fitting. If you notice these spasms or twitches mention them to the nurse or doctor in your team.

What you can expect to see

Fits vary between minor or small ('petit-mal') to large ('grand-mal') fits. Typically a 'grand-mal' fit follows this type of pattern:

- The person cries out or moans, then loses consciousness.
- Their eyes seem to stare blankly and roll upward.
- For a moment they can become quite rigid then jerky movements become noticeable. Sometimes they start in a particular place in the body and progressively move across the body to other areas. Sometimes they involve the whole body and other times they are limited to just one area or side of the body. The jerky movements can sometimes start as quite mild then build up to very dramatic and become less severe again before stopping.
- During the fit the person's breathing may become noisy, their mouth may be clamped shut and their skin colour around their mouth and nose may be pale and a blue-grey colour.
- Fitting usually involves a temporary loss of control over bladder and bowels.
- After the jerky movements have stopped, the person enters a phase where they are either still unconscious or in a deep sleep. Their breathing and skin colour will return to normal and they will wake up in their own time. They may sleep for minutes or a few hours.

- After waking, they may feel flat, tired, and sore and complain of headache. They may also experience some initial confusion and uncertainty about the events that surrounded the fit.

What to do if the person in your care has a fit

All this can happen quite quickly and without warning. The most important thing to do is to stay with the person and ensure that they are safe.

- Don't leave the person until the fit has stopped.
- Check the time and try to monitor how long the fit lasts.
- Do not forcefully turn the person's neck or a rigid limb.
- Do not attempt to restrain the person.
- Do not try to open their mouth during a seizure, or place anything in their mouth, even if the tongue is being bitten. Keep your hands and fingers away from their mouth.
- Do not move a person during the fit. Try to move any source of danger away from them (heaters, glass etc) and only attempt to move them if they are in direct danger, (eg, on a high ledge or stairway). To reduce the amount of injury they may have from striking fixed objects use pillows or soft furnishings or clothing to act as a soft buffer to help protect them.
- After the fitting has stopped, place the person in the 'recovery' position (i.e., on their side, with the airway open. The nurse in your care team can talk you through this if you are not sure what to do). Use pillows and blankets to keep them comfortable and warm. Don't try to wake them up, let them sleep and give them quiet words of reassurance and support when they are waking up.

Calling for Help

Depending on circumstances you may need to call for help.

- If you are alone with the person, wait until they have finished fitting and they have been placed comfortably on their side.
- Have an emergency number for the nurse in your team or someone else close-by who you can rely on to be of good practical help in the event of a fit.
- If the fit has finished it is not usually necessary to call the ambulance. There is little that they can do after the event. However if a fit lasts longer than 5 minutes call the ambulance.

Seek advice from the nurse straight away if:

- The person does not regain consciousness within half an hour after the fit has ended.
- This is the first time a fit has happened.
- There is more than one fit in a day, or if one fit is followed by another.

The likelihood of fitting is not high. It may be that the person you are caring for is considered to be at risk of fitting and that someone in your care team has thought it necessary for you to be aware of the possibility of fitting. If this is the case, members of the care team will talk through the issues with you and set out a clear plan of action for you to follow if fitting occurs. This may include starting some anticonvulsant medications to help prevent fitting. It is also helpful to have ready access to phone numbers you may need to call should you need to manage a person fitting.

Disclaimer

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