Anoxic Seizures

This information was prepared by Disability and Dyslexia Support using information from STARS (Syncope Trust And Reflex anoxic Seizures) http://www.stars.org.uk/

If you have any queries please contact DDS on 01782 734105

Please ensure that any occurrences of seizure or convulsion are recorded in the local incident book.

Conditions

There are many different causes of syncope, some common and some rare. Most cases of syncope are due to the common faint. Fainting is caused by a short-term reduction in blood pressure to your brain.

Syncope is caused by a problem with the heart or by a problem in the regulation of blood pressure.

Reflex Syncope

Reflex Syncope is one of the most common forms of syncope. Sometimes called Vasovagal Syncope or Neurally Mediated Syncope, it is a transient condition resulting from intermittent dysfunction of the autonomic nervous system, which regulates blood pressure and heart rate.

RAS

Reflex Anoxic Seizures (RAS) is the term used for a particular fit which is neither epileptic nor due to cyanotic breath-holding, but which rather results from a brief stoppage of the heart through excessive activity of the vagus nerve.

Syncope

There are many causes of syncope. Many people are unaware that everyday activities can be the cause of reported fainting attacks.
PoTS

Postural Tachycardia Syndrome (POTS) is a condition where patients experience an increase in heart rate (tachycardia) upon standing up.

Living with Low Blood Pressure

Blood pressure recordings consist of two numbers. The top reading is systolic blood pressure and relates to the contraction of the left side of the heart. The bottom number is the diastolic recording and is the lowest pressure achieved in the circulation.

Psychogenic Blackouts

Psychogenic blackout is a medical term for a blackout that can look like reflex syncope or an epileptic seizure but is not related to either.

IST

Inappropriate Sinus Tachycardia (IST) is a condition in which an individual's resting heart rate is abnormally high – greater than 100 beats per minute or rapidly accelerating to over 100 beats per minute without an identifiable cause for the tachycardia, although small amounts of exercise, emotional or physical stress are triggering factors.

What does a convulsion or seizure look like?

The person may fall to the ground, or simply become unconscious, perhaps after appearing to “go blank” for a few moments beforehand. They may get a brief warning of the convulsion, in which case they may try to alert others.
Procedure for dealing with someone having a convulsion or seizure

What should you do?

- Keep the person safe.
- If appropriate put them in the recovery position.
- Talk to the person and offer reassurance until they come round.
- Stay with the person and support their head on something soft, if you can do so easily.
- Note the EXACT time the convulsion (or unconsciousness) began and how long it lasts.
- If possible to do so safely, move the person away from any objects on which they may hit their head. Preferably, move the object away!

If the person does not come around within 1 or 2 minutes, or they remain unconscious, or they have seizures which stop and re-start, or they stop breathing, call an ambulance on 999 immediately.

If the person is having their first ever seizure you should always call an ambulance.

Otherwise (if the convulsion is short and the person has a known history of or seizures) you need not call an ambulance, though you may wish to contact a First Aider. Once the person is conscious if they wish to contact their GP, please assist them as necessary.

Do NOT attempt to put anything in the person’s mouth.

Do NOT try to restrict the convulsing movements of the limbs.