



Empowering Children. Supporting Families. Building Brighter Futures.

Resource 057 | Brain, spinal cord, and seizure conditions

Epilepsy in children

What it means

Epilepsy is a brain condition involving a continuing tendency to have seizures. Seizures can affect awareness, movement, sensation, or behavior. One seizure does not automatically establish epilepsy. Some children have typical development; others need support for learning, communication, movement, or associated medical conditions. [1]

Causes and risk factors

Causes include genetic changes, differences in brain development, brain injury, infection, and certain metabolic disorders. Sometimes the cause remains unknown. A fever-related seizure is not automatically epilepsy. The underlying condition, seizure pattern, and treatment effects can each influence development and daily participation. [1,2]

General family education. A concern deserves assessment, but this guide does not diagnose a child or prescribe treatment.



Signs and everyday impact

Seizures may involve rhythmic shaking, sudden stiffening, brief lapses in awareness, repeated unusual movements, or sudden falls. Ordinary daydreaming and other childhood events can look similar. Changes in attention, sleep, or learning also deserve review, especially if events repeat or skills are lost. [1,2]

Assessment and diagnosis

A clinician reviews a detailed event description, medical history, and examination. An electroencephalogram (EEG) assesses electrical activity; a normal routine EEG does not exclude epilepsy. Brain imaging, genetic testing, or other investigations are selected when indicated. A safely recorded video can help describe events without delaying care. [1,2]

Treatment and therapy

Antiseizure medicine is chosen for the child's seizure type, age, and medical needs. A specialist may consider a supervised dietary treatment, surgery, or a seizure device for selected children. Developmental and educational support address functional needs. Families need a written seizure action plan, any prescribed rescue medicine, and guidance on treatment side effects. [1,2,3]

Support at home

Give medicine as prescribed and discuss missed doses with the care team. Keep an event record and share the action plan with caregivers. During a seizure, time the event, protect the child from injury, and gently position them on their side when feasible. Do not restrain them or put objects in their mouth.

When to seek help

Call emergency services for a seizure lasting over five minutes, repeated seizures without recovery, breathing difficulty, injury, a seizure in water, or a first seizure. Follow an individualized plan that calls for help sooner.

Questions for your care team

- What seizure type or syndrome best explains these events?
- What is our written rescue and emergency plan?
- How will we monitor learning and medicine side effects?



Podcast preparation

Use this outline to develop a later podcast script.

Suggested opening

Welcome to Mariel Early Intervention. Today we discuss epilepsy in children. Epilepsy is a brain condition involving a continuing tendency to have seizures. This is general education; each child needs individualized care.

Opening: Define the topic and its developmental context.

Understanding: Explain causes and signs without inviting self-diagnosis.

Assessment: Describe evaluation and distinguish screening from diagnosis.

Support: Discuss treatment, therapy, and practical family supports.

Closing: Explain urgent signs and one clear next step.

Misconception to address: Myth: every seizure involves shaking. Seizures can also cause changes in awareness or subtle movements.

Before recording: update clinical references and local service details, arrange clinical review, and use fully consented or fictional examples.

Terms in plain language

- Seizure: a temporary change in brain activity that produces symptoms.
- EEG: a recording of electrical activity in the brain.
- Rescue medicine: a prescribed treatment for specified prolonged or clustered seizures.

Sources and further reading

Sources accessed 3 October 2026. Numbered references support the clinical overview. Treatment availability and referral routes vary by country.

[1] Epilepsy and Seizures

<https://www.ninds.nih.gov/node/647>

[2] First Aid for Seizures

<https://www.cdc.gov/epilepsy/first-aid-for-seizures/index.html>

[3] Treatment of Epilepsy

<https://www.cdc.gov/epilepsy/treatment/index.html>