

Information about loss of consciousness or blackouts

What is loss of consciousness or blackouts?

There are many causes of blackouts or loss of consciousness. Sometimes they are caused by seizures.

Seizures might manifest in different ways including absent moments, stiffening and/or jerking muscles and falling down. Seizures can be so brief that no one notices, or they can last for many minutes.

If you had one episode, you might never have another, however, there are some safety precautions that you and your family or carers should be aware of.

If you are having a tonic-clonic seizure (your whole-body shakes), you might go stiff, fall to the ground. Then you can start having jerking movements and, because your breathing pattern has changed, you might get a blue tinge around your mouth. You might lose control of your bladder, or bowels, or both.

What can people around me do to help me? Useful information to pass to your carers and family

If you are witnessing a seizure, you should assist the patient following **“ACTION”**:

A - Assess the situation – are they in danger of injuring themselves? Remove any nearby objects that could cause injury.

C - Cushion their head (with a jumper, for example) to protect them from head injury.

T - Time - check the time – if the seizure lasts longer than five minutes you should call an ambulance.

I - Identity - look for a medical bracelet or ID card – it may give you information about the person's seizures and what to do.

O - Over - once the seizure is over, put them on their side (in the recovery position). Stay with them and reassure them as they come round.

N - Never restrain the person, put something in their mouth or try to give them food or drink.

When should an ambulance be called?

- You know it is the person's first seizure, or
- The seizure lasts for more than five minutes, or
- One seizure follows another without the person gaining consciousness between seizures, or
- The person is injured, or
- You believe the person needs urgent medical attention.

Be mindful that people can be confused after an episode of loss of consciousness.

Information about driving

If you hold a driving licence, it is your legal responsibility to inform your driving agency of any medical condition that could affect your driving. This includes any episodes of loss of consciousness or altered level of consciousness. You are also not allowed to drive until you have been assessed by a neurologist. You will also need to notify your insurer about it.

Safety precautions

- Be careful in the kitchen when using hot pans. Do not use open fires.
- When ironing clothes, it is advisable to have someone around with you.
- Showers are safer than baths. Do not go for a swim on your own.
- It is safer not to climb ladders. You may want to place a safety rail at the top of your stairs.
- You may wish to use safety corners to cover any sharp edges around the home.
- Ensure you stand well behind yellow lines when using public overground or underground trains.
- Avoid machinery that does not cut out when dropped (hedge trimmers, for example).

If your episode of loss of consciousness is a seizure, be aware of common triggers like stress, lack of sleep, missing meals or drinking large amounts of alcohol.

Depending on the type of **work** you do, you may need to take some precautions for a while. Talk to your manager, to make sure you are as safe as possible at work and are not breaching any health and safety regulations.

What you need to bring at your appointment with a neurologist

You will be booked an appointment with neurologist on discharge: please bring a witness of your seizure, if possible, that can help describing what happened to you and also keep a diary describing further events. If possible, video-record the event, you will be able to show to the neurologist during the consultation.

How to best describe further events?

This can help you in the **description of the event**:

- **Behaviour before the event:** take note of any changes in mood or behaviour hours or days before, 'warning' or 'aura' shortly before event.
- **When the event occurs:** date, time.
- **Possible triggers:** time day or month, menstruation, pregnancy, changes in contraception, or other hormonal treatment, missed, late, or changes in medicines, irregular sleep patterns, not enough sleep, other sleep problems, irregular eating patterns, specific foods, during or after exercise or hyperventilation (fast breathing), alcohol or other drug use, emotional stress, worry, excitement, sounds, flashing lights, bright sunlight, other illnesses or infections.
- **What happens during the event:** change in awareness, alertness, confusion, ability to talk and understand, changes in thinking, remembering, emotions, perceptions, sensations - changes in seeing, twitching, eye blinking or rolling, drooling, changes in muscle tone - body becomes stiff or limp, movements - jerking or twitching movements, unable to move, body turning, falls, automatic or repeated movements - lip smacking, chewing, swallowing, picking at clothes, rubbing hands, tapping feet, dressing or undressing, walking, wandering, running, changes in colour of skin, sweating, breathing, loss of urine or bowel control.
- **Part of the body involved:** where symptom started, spread to other areas, side of body (right, left, or both).

- **What happens after the event:** response to voice or touch, awareness of name, place, time, memory for events, ability to talk or communicate, weakness or numbness, changes in mood or how person acts, tired, need to sleep.
- **How long it lasted:** length of aura, seizure, after-effects or postictal phase, how long before person returns to normal activity.

Sources of information

Neurology team, acute medical team, epilepsy action, epilepsy foundation

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:

Neurology team Eastbourne and Conquest
Lead for epilepsy Dr Mohamed Ali
Neurologist Lead Dr Monika Lipnicka-Khan
Acute Medicine Consultant Dr Awad Youssef
Chief of Urgent Care Dr Jose Almaraz

The directorate group that has agreed this patient information leaflet:
Clinical Governance Neurology
Clinical Governance Acute Medicine
Clinical Governance Urgent Care

Next review date: April 2026
Responsible clinician/author: Olga Tanda Lead Neurology Pharmacist

© East Sussex Healthcare NHS Trust – www.esht.nhs.uk