Learning Objectives: Module II

- Provide appropriate first aid for a student during and after a seizure
- Identify when a seizure is an emergency and know the appropriate response
Learning Objectives: Module II

- Describe the steps in the seizure action planning process
- Identify the essential components of a Seizure Action Plan
- Know key issues related to the delegation of medication administration
Routine First Aid: Care and Comfort

- Most seizures are not medical emergencies
- Basic first aid may vary depending on whether there is:
  - No change in awareness or consciousness
  - Altered awareness
  - Loss of consciousness
- Don’t give anything by mouth until the student is back to normal state and able to swallow normally
Interventions for Seizure First Aid

- May be used at any time during a seizure (VNS magnet)
- May be prescribed after a specific number of seizures, length of seizure, or change in pattern (Rescue med)
No change in Consciousness
(Simple Partial Seizure)

- Stay calm
- Time seizure
- Reassure student that he or she is safe
- Explain to others if necessary
- Protect student’s privacy
Altered Awareness
(Complex Partial Seizure)

- Speak softly and calmly
- Guide away from potentially harmful objects such as tables, chairs and doors
- Allow for wandering in a contained area
- If lasts 5 minutes beyond what is routine for that student or another seizure begins before full awareness is regained, follow emergency protocol
- **DO NOT** restrain or grab (may result in combativeness)
- **DO NOT** shout or expect verbal instructions to be obeyed
Loss of Consciousness
(Generalized Tonic-Clonic Seizure)

- Protect from potentially harmful objects
- Observe and time events
- Ensure airway is unobstructed
- Cushion and protect head
- Turn student on one side
- Remain with student until fully conscious
- Follow the student’s Seizure Action Plan

**DO NOT**
- put anything in mouth
- restrain
When is a Seizure an Emergency?

- First time seizure
- Convulsive seizure lasting more than 5 minutes
- Repeated seizures without regaining consciousness
- More seizures than usual or change in type
- Student has diabetes or is pregnant
- Seizure occurs in water
- Student is injured
- Parents request emergency evaluation

*Follow the seizure emergency definition and protocol as defined by healthcare provider and included in the Seizure Action Plan*
Use of PRN Rescue Medications

- Prescribed for seizure clusters and prolonged seizures
- Emergency protocol should include:
  - Medication name
  - How and when it should be given
  - Specific administration instructions
  - What to do following administration
- Monitor responses and side effects
- Follow Seizure Action Plan emergency response protocol
Tonic-Clonic Seizure in a Wheelchair

- Do not remove from wheelchair unless necessary
- Secure wheelchair to prevent movement
- Fasten seatbelt (loosely) to prevent student from falling but remove harness belt to prevent choking
- Protect and support head
- Ensure breathing is unobstructed and allow secretions to flow from mouth
- Pad wheelchair to prevent injuries to limbs
- Follow relevant seizure first aid protocol
Tonic-Clonic Seizure on a School Bus

- Safely pull over and stop bus
- Place the student on one side across seat facing away from the seat back (or in the aisle if necessary)
- Follow standard seizure first aid protocol until the seizure abates and child regains consciousness
- Continue to the destination or follow school policy
Tonic-Clonic Seizure in Water

- Place the student on their back and support head so that their head, mouth and nose are always above the water.
- Remove the student from the water as soon as it can be done safely.
- If the student is not breathing, begin rescue breathing.
- Always transport the child to the emergency room even if he/she appears fully recovered.
Managing STUDENTS with SEIZURES

Seizure Action Plans
Seizure Action Planning

- Assess student needs and gather information
- Customize a Seizure Action Plan
- Teach school personnel and tailor interventions as needed
MY SEIZURE PLAN

Name: ____________________________ Birth Date: ____________

Address: ____________________________ Phone: ____________

1st Emergency Contact: ____________________________ Relation: ____________
Phone(s): ____________________________ Email: ____________

2nd Emergency Contact: ____________________________ Relation: ____________
Phone(s): ____________________________ Email: ____________

SEIZURE INFORMATION

<table>
<thead>
<tr>
<th>Seizure Type/Name</th>
<th>What Happens</th>
<th>How Long It Lasts</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SEIZURE FIRST AID

☐ Keep calm, provide reassurance, remove bystanders
☐ Keep airway clear, turn on side if possible, nothing in mouth
☐ Keep safe, remove objects, do not restrain
☐ Time, observe, record what happens
☐ Stay with person until recovered from seizure
☐ Other care needed: ______________________________________________________________________

WHEN SEIZURES REQUIRE ADDITIONAL HELP

<table>
<thead>
<tr>
<th>Type of Emergency (long, clusters, or repeated events)</th>
<th>Description</th>
<th>What to Do</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

“AS NEEDED” TREATMENTS (VNS magnet, medicines)

<table>
<thead>
<tr>
<th>Name</th>
<th>Amount to Give</th>
<th>When to Give</th>
<th>How to Give</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TRIGGERS

_____________________________________________________________________________________

DAILY SEIZURE MEDICINE

<table>
<thead>
<tr>
<th>Medicine Name</th>
<th>Total Daily Amount</th>
<th>Amount of Tablet/Liquid</th>
<th>How Taken (time of each dose and how much)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CALL 911 OR SEEK EMERGENCY MEDICAL ATTENTION IF...

☐ Generalized seizure longer than 5 minutes
☐ Two or more seizures without recovering between seizures
☐ “As needed” treatments don’t work
☐ Injury occurs or is suspected, or seizure occurs in water
☐ Breathing, heart rate or behavior doesn’t return to normal
☐ Unexplained fever or pain, hours or few days after a seizure
☐ Other care needed: ______________________________________________________________________

HEALTH CARE CONTACTS

Epilepsy Doctor: ____________________________ Phone: ____________
Nurse/Other Health Care Provider: ____________________________ Phone: ____________
Preferred Hospital: ____________________________ Phone: ____________
PCP or Other Doctor: ____________________________ Phone: ____________
Pharmacy: ____________________________ Phone: ____________

SPECIAL INSTRUCTIONS:

_____________________________________________________________________________________

OTHER SEIZURE TREATMENTS

Device Type: ____________________________ Model: ____________________________ Serial#: ____________ Date Implanted: ____________
Dietary Therapy: ____________________________ Date Begun: ____________
Special Instructions: ____________________________
Other Therapy: ____________________________

My signature: ____________ Provider signature: ____________ Date: ____________

www.efepa.org  Epilepsy Foundation Eastern PA (215) 629-5003

www.efepa.org  Epilepsy Foundation Eastern PA (215) 629-5003
Questions for Parents of a Student with Seizures

- Encourage parent(s) to complete action plan and may take persistence
- May be helpful to interview the parent(s) to obtain and clarify information
- Update annually and when any changes occur
Seizure Observation Record

- To be completed by school personnel when reporting a seizure(s)
- Helps to identify seizure types, duration, triggers, and patterns
- Helpful to use for planning appropriate seizure plans, safety precautions, and need for accommodations or changes
Example

Copies of the Seizure Observation Record and Seizure Action Plan are available on the EFEPA website:

http://www.efepa.org/programs-and-resources/school-information/

<table>
<thead>
<tr>
<th>Seizure Observation Record</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
</tr>
<tr>
<td>Date &amp; Time:</td>
</tr>
<tr>
<td>Seizure Length</td>
</tr>
<tr>
<td>Pre-Seizure Observation (Briefly list behaviors, triggering events, activities)</td>
</tr>
<tr>
<td>Conscious (yes/no/altered)</td>
</tr>
<tr>
<td>Injuries (briefly describe)</td>
</tr>
<tr>
<td>Muscle Tone/Body Movements</td>
</tr>
<tr>
<td>Rigid/dancing</td>
</tr>
<tr>
<td>Limp</td>
</tr>
<tr>
<td>Fell down</td>
</tr>
<tr>
<td>Rocking</td>
</tr>
<tr>
<td>Wandering around</td>
</tr>
<tr>
<td>Whole body jerking</td>
</tr>
<tr>
<td>Extremity Movements</td>
</tr>
<tr>
<td>(R) arm jerking</td>
</tr>
<tr>
<td>(L) arm jerking</td>
</tr>
<tr>
<td>(R) leg jerking</td>
</tr>
<tr>
<td>(L) leg jerking</td>
</tr>
<tr>
<td>Random Movement</td>
</tr>
<tr>
<td>Color</td>
</tr>
<tr>
<td>Blush</td>
</tr>
<tr>
<td>Pale</td>
</tr>
<tr>
<td>Flushed</td>
</tr>
<tr>
<td>Eyes</td>
</tr>
<tr>
<td>Pupils dilated</td>
</tr>
<tr>
<td>Turned (R or L)</td>
</tr>
<tr>
<td>Rolled up</td>
</tr>
<tr>
<td>Staring or blinking (clarify)</td>
</tr>
<tr>
<td>Closed</td>
</tr>
<tr>
<td>Mouth</td>
</tr>
<tr>
<td>Salivating</td>
</tr>
<tr>
<td>Chewing</td>
</tr>
<tr>
<td>Lip smacking</td>
</tr>
<tr>
<td>Verbal Sounds (gagging, talking, throat clearing, etc.)</td>
</tr>
<tr>
<td>Breathing (normal, labored, stopped, noisy, etc.)</td>
</tr>
<tr>
<td>Incontinent (urine or feces)</td>
</tr>
<tr>
<td>Post-Seizure Observation</td>
</tr>
<tr>
<td>Confused</td>
</tr>
<tr>
<td>Sleepy/tired</td>
</tr>
<tr>
<td>Headache</td>
</tr>
<tr>
<td>Speech slurring</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Length &amp; Orientation</td>
</tr>
<tr>
<td>Parents Notified? (time of call)</td>
</tr>
<tr>
<td>EMS Called? (call time &amp; arrival time)</td>
</tr>
<tr>
<td>Observer’s Name</td>
</tr>
</tbody>
</table>

Please put additional notes on back as necessary.
Seizure Action Planning Process

- Requires input and planning by the health care provider(s), parent(s), student, and school nurse.

- Provides basic information about student’s seizures, seizure first aid, safety, and emergency response
Seizure Action Planning Process

- Should generally be signed and approved by the treating health care provider, parent, and school nurse

- Distribute to relevant school personnel with parent(s) permission at the beginning of a school year, upon diagnosis or when a change in health status occurs
Assessment & Information Gathering

- Gather seizure history and treatment information
- Speak with the student’s medical team to clarify treatment and emergency response protocol
- Observe and document any in-school seizures
- Speak with teachers and other school personnel about:
  - Possible seizure precipitants (triggers)
  - Observed or perceived impact on learning and behavior
Assessment & Information Gathering cont’d

- Consider transportation issues
- Complete a school safety assessment
  - Identify student activities that may need to be modified or necessitate special precautions
  - Identify environmental risks and need for safety precautions
- Determine best method to communicate with parents and medical team
Communication Tips

- Set up a method for communicating with parents/guardians on a daily or weekly basis
- Be a liaison for parents and teachers regarding any status changes
- Have teachers regularly note physical, emotional or cognitive changes
- Create a “substitute teacher” folder with the Seizure Action Plan and other relevant information and keep this folder in a secure location
Delegation Issues: Laws and Mandates

- Applicable Federal laws or mandates that may impact delegation include:
  - Section 504 of the Rehabilitation Act of 1973
  - Americans with Disabilities Act (ADA)
  - Individuals with Disabilities in Education Act (IDEA)

- Local and state laws, such as nurse practice acts and school district policies, generally govern the administration of medications in schools

- What are the state or school regulations in your area for delegation of medication administration?
Tips for Effectively Managing Delegation

- Know state nurse practice act, school district policies, and applicable state and federal mandates and laws
- Recognize that identifying when a change in behavior or seizure occurs does not require a skilled nursing assessment and is part of basic seizure first aid
- Bring parents and school personnel together to attempt to find a workable solution
- Explain to all parties that you are obligated to put the health, safety and welfare of the student first
More Tips for Effectively Managing Delegation

When a school nurse delegates a task under his/her nursing license the nurse is responsible for the following:

- Ensuring that the delegate is appropriate
- Providing training and ongoing assessment and documentation of the competence of a delegate
- Ongoing assessment of the student's health outcome
The Challenge of Delegation

Using Diazepam rectal gel and other seizure rescue treatments may be handled in different ways depending on school district policy, school policy, and parent preference.

- How is it handled in your school?
- What challenges have you come across?
- How have you dealt with these and similar issues in your school?
Exercise:
Review a “Seizure Action Plan”

- Review and discuss how you might complete and use the following sections of the Seizure Action Plan:
  - Seizure Information
  - Basic First Aid
  - Emergency Response
  - Special Considerations and Precautions

- Use case study for discussion and practice
Pennsylvania Epilepsy Affiliates

Sue Livingston
Education Coordinator
Epilepsy Foundation Eastern PA
919 Walnut Street, Suite 700
Philadelphia PA 19107
www.efepa.org 215-629-5003

Andrea Zonneveld
Community Educator & Events Coordinator
Epilepsy Foundation Western/Central PA
1501 Reedsdale Street, Suite 3002
Pittsburgh, PA 15233
www.efwp.org 412-322-5880

Contact us for more information regarding the information in this program and access to seizure action plan & observation forms.
Other Available School Programs

The EFEPA and EFWCP offer additional on-site training programs for School Personnel and Students on First Aid & Seizure Recognition. We also offer assistance in IEP/504 Planning. Check out our website or contact us to set up your school’s next session today!

- Western/Central PA: [http://efwp.org/programs/ProgramsPSA.xml](http://efwp.org/programs/ProgramsPSA.xml)
Thank you for attending!

You will now be prompted to complete a brief post-webinar survey.

Your input is vital to developing and improving educational programs.

This is required for obtaining CE Credits.