Gloucestershire COUNTY COUNCIL

NHS Gloucestershire

Gloucestershire Care Services

Policies, Protocols, Guidelines and Procedures

Clinical Guidelines

EPILEPSY IN SCHOOLS AND EARLY YEARS SETTINGS WITHIN LOCAL AUTHORITY

Guidelines on the management of medical conditions (Procedures and Treatment)

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Wednesday, 14 September 2011

Keywords: Epilepsy

Gloucestershire

Gloucestershire Care Services

TRUST CLINICAL POLICIES
Authorisation Form

Title: Epilepsy in Schools and Early Years Settings

Authorisation	**Name and Position**	**Date Approved**
Responsible Author	Jo Bridgeman – Student SCPHN Angie Radcliffe Practice Educator Public Health Nursing	2nd August 2011
Policy Sponsor	Helen Davenport- Head of Children, Young Peoples Services	July 2011
Ratified by	Clinical Policy Group	5th July 2011

Consideration at authorised groups (e.g. Board, Board sub committees, Policy Group, Clinical policies Sub Group, Departmental meetings etc)

Name of Group	**Minute details**	**Date considered**
Senior Nurses Group Public Health Nursing Teams	Clinical governance group meeting - discussion	7th July 2011
Epilepsy Nurse Specialist	e- mail discussion- response to consultation– face to face discussion	6th July 2011
Lead Pharmacist	e- mail discussion response to consultation – amendment to policy	
Local Education Authority		
Clinical Policy Group	Item 5.5 Ratified subject to minor amendments.	5th July 2011

Equality and Diversity

This policy has had an Equality and Diversity Impact Assessment completed by:

Date of Assessment:	**4th July 2011**
Completed by:	**Angie Radcliffe**
Job Title	**Health Visitor / Practice Educator**

The Equality Impact Assessment will be published on the NHS Gloucestershire Intranet and Internet.

CONTENTS

Abbreviations Used within Document

Abbreviation	Full Description
LA	Local Authority

1.0 INTRODUCTION

1.1 The aim of this guideline is to ensure a consistent standard for managing epilepsy in Schools and Early Years settings.

1.2 Epilepsy is a condition that may require treatment/intervention at any time, to enable a young person/child to participate in activities of daily living which includes attending School/Early Years settings is essential to promote and enhance their educational health and well-being.

1.3 On some occasions the cause of epilepsy can be identified, such as a severe head injury or an infection of the brain. For approximately 60% of people with the condition no cause is known.

- In some cases the tendency to have seizures runs in families, but having a parent with epilepsy does not necessarily mean that a child will have the condition.
- Diagnosis can be a long and difficult process. In some cases it can cause disruption to child's education which ultimately heightens stress not only to the child/young person but also their family. (epilepsy action)
- Approximately one in 214 young people and children have epilepsy, that equates to about 47,000 children in the UK (epilepsy action)
- Recent studies have identified that children and young people with epilepsy were found to have problems in learning and attendance. (www.epilepsy.org.uk)
- Children and young people with epilepsy are also at greater risk of under achieving, particularly in core subjects such as maths and English.(medical conditions awareness sessions- epilepsy, 2007)
- Unemployment is higher in school leavers who have epilepsy
- Epilepsy is considered a disability under the Disability Act(2005), This needs to be taken into consideration when assessing the needs of the young person/child
- Many hospital admissions could be avoided if parents, carers, staff and children themselves were better equipped, to enable them to manage the condition.

1.4 These guidelines give recommendations for raising awareness and management of children with epilepsy. The principles are evidenced based and underpinned by Government policies such as: Every Child Matters: Change for Children (2004) The Children's Act (2004), and the delivery of the Healthy Child Programme (2009) in ensuring the principles of early intervention and health promotion.

1.5 This document provides guidelines for the management of children with epilepsy in schools and Early Years settings. The guidance provided should be used by Head Teachers and Governors, in consultation with staff in reviewing local policies and procedures following DH/DfES(2005) Managing Medicines in Schools and Early Years settings guidelines, taking into account local circumstances.
The 'Management of Health & Safety at Work Regulation 1992' require Gloucestershire Local Authority (LA) as an employer to assess the risks to the health and safety of staff and children in Schools and Early Years settings. When carrying out risk assessments the following processes are required:

- identify the hazards
- assess the risks posed by the hazards
- decide on the measures to control the risks adequately
- Implement the control measures and monitor their effectiveness.

1.6 In 2010 the DH/DSCF stipulated that all children with a long term medical condition or subsequent, significant disability should have an individual care plan (Healthy lives, brighter futures, DH/DSC, 2009).

2.0 Purpose

2.1 These guidelines have been written for use by both Local authority staff and Care Services Public Health Nursing staff. Public Health nursing staff support staff employed in schools and early years settings to manage young people /children with epilepsy.
They are designed to be used by Teachers, Teaching Assistants, First aiders, Family Support workers/Early Years Staff and Public Health Nurses

2.2 Gloucestershire Education Department encourages Governing bodies and staff to help children with epilepsy by facilitating awareness sessions within Schools and Early Years settings.

2.3 Supporting documents have been identified within the contents section and attached as appendices to be used in conjunction with these guidelines. To support with the delivery of the awareness sessions there is a PowerPoint presentation also attached as an appendix.

2.4 Individual Health care plans and guidelines for identification, signs and symptoms, triggers, treatment and emergency action for young people/children with epilepsy are also identified within the main text of these guidelines, with supporting appendices attached.

3.0 Roles and Responsibilities

3.1 **The Public Health Nurse Lead** will be responsible for ensuring these guidelines are updated as per the policy process or sooner if there are significant changes to the management of young people/children with epilepsy

3.2 **Clinical Governance Group** which compromises of the Care Services Public Health Nursing Service Lead Practice Educators/NMC Teachers, Practice Teachers and Safeguarding Lead will be responsible for cascading these guidelines to all members of the Public Health Nursing Teams.

3.3 **Practice Educators/NMC Teachers, and Practice Teachers** will be responsible for the epilepsy awareness training to identified members of the Public Health Nursing Service and to assess practitioner's competency in delivering the awareness session effectively and safely with support from the Epilepsy Nurse Specialist.

3.4 **Identified Public Health Nursing Practitioners** once deemed competent will be responsible for providing epilepsy awareness sessions within Schools and Early Years settings as required, using the ratified guidelines and resources attached. They will also support settings that may request support in managing epilepsy on an individual basis

3.5 **Gloucestershire Education Department** is responsible for disseminating these guidelines for use in Schools and Early Years settings as per local policy once they have agreed the content as part of the consultation process.

3.7 **Head Teachers and Governors and Early Years Managers** in consultation with their staff are responsible for reviewing their own policies and procedures for the management of young people/children with epilepsy within their care. These guidelines are to be used in accordance with any specific issues that may present in their local setting.

3.8 **Head Teachers/ Early Years managers** are responsible for highlighting which members of staff require awareness sessions and for organising their attendance in consultation with the Public Health Nursing Practitioner who has been identified to deliver the awareness session

3.9 **Head Teachers and Early Years Managers** are responsible for ensuring that a young person/ child within their care has an Individual Health Care Plan/ Emergency Action Plan outlining the management of that young person / child's epilepsy.

3.10 **Schools and Early Years staff** are insured by the Local Authority to give medication such as Buccal Midazolam provided they follow guidelines and have received appropriate training and refer to and adhere to the Young Persons/ Child Individual Care Plan/Emergency Action Plan.

4.0 Definitions

4.1 Definition of Epilepsy

Epilepsy is currently defined as a tendency to have recurrent seizures (sometimes called fit's) (Epilepsy action, www.medicalconditions@school.org).

A seizure is caused by a sudden burst of excess electrical activity in the brain causing a temporary disruption in the normal message passing between brain cells.

4.2 Within these guidelines the term child or children is used throughout to refer to any child/ young person in school or early years setting within the Local Authority area and all children and young people under the age of 19 in full time education Local Authority schools.

5.0 POLICY DETAILS

5.1 What is Epilepsy?

An epileptic seizure is an intermittent, stereotyped disturbance of consciousness behaviour, emotion, motor function, perception or sensation (which may occur singly or in any combination), that on *clinical* grounds results from cortical neuronal discharge.

- Epilepsy is the name given to recurrent, usually unprovoked, seizures.
- Seizures are the result of sudden, abnormal activity within the brain.
- Epilepsy <u>is not</u> an infectious disease.
- Epilepsy <u>is not</u> a mental illness or psychiatric disorder.

The brain is like a computer consisting of a vast network of neurones. Throughout our lives billions of messages are fired between the neurones controlling everything we think, feel or do, however sometimes there is an upset in the brain chemistry, causing these messages to become scrambled. When this happens the neurones fire off faster than usual and in bursts. It is this disturbed activity that triggers off a seizure. During this time the child/ young person will either become unconscious or experience a number of unusual sensations or movements.

5.2 Who has Epilepsy?

- Anyone can develop epilepsy; it occurs in all ages, cultures and social classes and affecting people of all levels of intelligence.
- Epilepsy can affect anyone at any age, but most commonly occurs in children, during the teenage years and in the elderly.
- Epilepsy affects approximately 1:200 of the UK population (1:130 children).
- Some people will develop Epilepsy because of brain damage. This is a structural cause (symptomatic epilepsy).
- Some people have Epilepsy, where there is no known cause (idiopathic epilepsy).

- Some people may identify factors, which trigger their seizures (such as sleep deprivation, alcohol consumption and bright light exposure).

5.3 **Some known common causes and triggers of seizures.**

5.3.1 The following are the most common causes of seizures:

- Biochemical imbalance e.g. low calcium, high/low blood sugar
- Drugs
- Alcohol
- Brain damage
- Head injury
- Brain tumours
- Cerebrovascular disease
- Infection e.g. Meningitis
- Metabolic diseases

5.3.2 The following are the most common triggers for seizures:

- Illness / Pyrexia
- Stress
- Lack of sleep
- Boredom
- Alcohol / Drugs
- Missing tablets
- Menstruation
- Photosensitivity (TV flicker), only if known photosensitive; affects 2-3% of people with epilepsy
- Missed meals / hypoglycaemia

5.4 **What do I need to know about somebody's Epilepsy?**

5.4.1 The following is the core information required about somebody's epilepsy:

- What types of seizures does the person have?
- How long do their seizures normally go on for?
- Does the person need to sleep afterwards or are they confused etc?
- How long does it take for the person to fully recover?
- How frequent are the seizures?
- Is there any precipitant?
- Does the person have a history of status? (see below)

5.4.2 **Status Epilepticus**

The current internationally accepted definition of status epilepticus is either:

- Any seizure lasting for at least 30 minutes or
- Repeated seizures over a period of 30 minutes or longer, from which the person does not regain consciousness between each seizure.

Within school/early years settings, medical advice should be sought well before the child reaches the point of status epilepticus.

5.5 **When a child has a seizure at school /Early Years setting**

When a child has a seizure at school/early years setting immediate management is broadly the same, whether the child has a known history of seizures (epilepsy) or whether it is the first seizure.

5.6 **Types of Epileptic Seizures.**

5.6.1 There are some 40 different types of seizures and being able to recognise the basic types may be vital in helping a child to reach their full potential.

5.6.2 **Partial seizures –**

Simple partial

- Consciousness and normal awareness are maintained
- May experience changes in one or more of the senses
- May have twitching of one body part

Complex partial As above but with:

- impaired level of consciousness
- May adopt purposeless activities i.e. lip smacking
- May carry out repetitive purposeless activities

5.6.3 **Generalised seizures**

Absence

- Brief interruption in consciousness, usually 15 – 60 seconds
- Blank stare, no response
- Fluttering of eyelids and nodding of head may occur

Myoclonic

- Abrupt brief involuntary jerk (1 – 2 seconds)
- Usually arms and trunk
- May experience brief loss of consciousness
- May cause fall
- Often occur on waking

Atonic

- Complete loss of muscle tone
- Collapses to floor
- Head and facial injuries are common

Tonic

- Sudden stiffness of muscles
- Will usually fall backwards

Tonic-clonic

- Tonic phase=rigid (as tonic seizure) with cyanosis – (turning blue)
- Clonic phase=rhythmical jerking
- Laboured breathing, frothing at mouth, tongue bite, incontinence
- Post ictal – Recovery phase following seizure – child may sleep

5.7 **Treatment.**

5.7.1 Treatment will vary from child to child. Every child who has a diagnosis of epilepsy will have an individual healthcare plan identifying the prescribed treatment for him/her and any individual precautions.(Appendix 1,2,3)

5.7.2 Appendix 1.1, 1.2 relates to Buccal Midozolam and sets out details about the prescription, instructions for use and drug information.

5.7.3 Appendix 1.3 relates to information for adolescents, parents/carers of children with epilepsy

5.7.4 Appendix 2.1, 2.2 relates to treatment of prolonged seizures and sets out details about the prescription, instructions for use and drug information of rectal diazepam

5.7.5 Appendix 2.3 relates to information for adolescents, parents/carers of children with epilepsy

5.7.6 Appendix 3 is an individual healthcare plan used for children who are not prescribed either of the above and require first aid management for the seizure.

5.7.7 When a child has a seizure the following chart (pages 10-11) should be completed, prescribed treatment given and recorded and first aid procedures followed (pages11-

12).

5.8 **How and what to record on Epilepsy.**

It is important to provide an accurate record if a child has a seizure. A record sheet is provided at appendix 4

5.9 **Immediate management of a child with a seizure.**

Do's	**Don'ts**
Make safe	Restrain convulsive movements
Note time & keep calm	Put anything in their mouth
Move objects & loosen tight clothing	Move person, unless in danger
Support/protect head	
Call for help a) Call an ambulance if this is the child's first seizure b) If the child is known to have epilepsy follow individual instructions in the child's care plan, this may include administration of medication c) If the attendee is unsure about the situation and / or depending on the instructions in the child's individual care plan an ambulance should be called	
Give prescribed medication	Give anything orally unless prescribed
Ensure privacy	
Once seizure has run its course, place in the recovery position	
Check airway	
Allow time to recover	
Talk quietly/reassure	
Do not leave alone during fit	
Afterwards stay with them and let them rest if they need to	

5.10 **Storage of Medicines**

- Buccal midazolam as with all medicines should be stored in a labelled container which also contains written instructions and a record sheet to record administration
- It should be locked away in a secure place out of the reach of children and its location known to all trained volunteers
- It should be clearly labelled for the individual child/young person by a pharmacy
- It should be stored in a dark place at room temperature(protect form light and extreme heat)
- Do not refrigerate
- Parents / carers to take responsibility for checking condition and date of expiry of the Buccal Midazolam.
- Parents / carers should arrange for repeat supplies of Buccal Midazolam with the Hospital Paediatrician.
- Parents/ carers should take responsibility of disposing of out of date medicines by returning to a community pharmacy
- It is the head teacher's responsibility to ensure all medicines are stored securely.

5.11 **Implementing and Monitoring a School Policy.**

It is the School's responsibility to put in place effective procedures for managing children's epilepsy in Schools and Early Years settings. The following actions will be required;

I. Complete an Individual Healthcare Plan for each child. (Appendix 3)
II. Make the guidelines known to staff, supply staff, parents and pupils and be freely available for anyone to read.
III. Ensure staff awareness records are completed (Appendix 4).
IV. Identify and address any additional training and information needs of staff. It is recommended that all staff caring for a child with epilepsy should receive awareness sessions (Appendix 5).

5.12 **Summary**

Administration of medicines in individual schools and Early Years is determined by the School Health Guidelines as set by Head Teachers/Governors. It is hoped that with the support of parental consent, these guidelines in conjunction with support from the School/Early Years settings and Public Health Nursing Service, Head Teachers and Governors will see this as part of their pastoral role.

Where it is not possible to put these arrangements in place, it is the responsibility of parents/carers to make alternative arrangements.

The Public Health Nursing Service provides advice and support to staff. Schools/Early Years settings needing help/assistance should speak in the first instance to the Occupational Health & Safety Helpline (SHE) –01452 425350

6.0 TRAINING

6.1.1 The Public Health Nursing Service provides advice and support to staff.

6.1.2 Awareness training sessions to be identified at School/ Health Needs Assessment meetings.

6.1.3 Please see Awareness session plan and speaker notes and PowerPoint presentation power point staff presentation epilepsy for support in delivery of awareness sessions Evaluation of awareness session should be undertaken by the Public Health Nurse. (Appendix 8). Any issues relating to effectiveness of training should be flagged to Practice Educators/NMC Teachers/ Practice Teachers.

6.1.4 Public Health Nurses need to update their own Epilepsy training as required. For more information please contact the Clinical Skills Team at. Edward Jenner Court.

6.1.5 Training needs should be identified by each nurse as they arise and can also be reviewed during appraisal. Managers have a duty to support staff in training and undertaking clinical practices safely in order to meet the needs and serve the interests of patients.

7.0 Dissemination

7.1.1 The Guidelines will be communicated to staff via Service Leads and Line Managers, following approval through the policy process

7.1.2 Following approval the guidelines will be made available on the staff Intranet.

7.1.3 The guidelines will be distributed through Local Authority to Schools and Early Years settings. Dissemination will remain the responsibility of the Local Authority

7.2 The guidelines will be made available on the Trust Intranet and Website and it will also be highlighted in team meetings.

8.0 Monitoring Compliance

8.1 Review of incident reporting relating to Epilepsy management in a school/Early Year setting, where there has been involvement of Public Health Nursing staff, through the Clinical Governance Committee (children).

8.2 Annual review of individual healthcare plan as part of Public Health Nurses Clinical

Record Keeping Audit Requirement.

8.3 Public Health Nurses should retain copies of Staff Awareness Session records as evidence of having provided information as per the guidelines using the ratified resources for those schools that have requested it. These records should be filed along with the School Health Needs assessment benchmark and documentation in the school file. For Early Years settings a folder may be identified to be used to store the information.

9.0 COST IMPLICATIONS

9.1 There are no anticipated cost implications associated with the implementation of these guidelines.

10.0 REVIEW DATE

May 2011 or sooner if there are significant changes to the management of young people/children with epilepsy

11.0 REFERENCES BIBLIOGRAPHIES AND ACKNOWLEDGEMENTS

Department for Education and Skills/ Dept of Health (2005) Managing Medicines in Schools and Early Years Settings.

Dept of Health (2004) Every Child Matters: change for children.

Dept of Health / Dept for Children, Schools & Families (2009) Healthy lives, brighter futures: The strategy for children's and young people's health.

Dept of Health (2009) The Healthy Child Programme: from 5-19years.

Dept of Health / DfES (2005) Managing Medicines in Schools and Early Years setting.

Dept of Health / DfES (2003) The National Healthy School Standard for the Framework for Inspecting Schools in England.

Disability Discrimination Act (2005)

DfES (2006) Implementing the Disability Discrimination Act in Schools and Early Years settings

Epilepsy Action

Management of Health and Safety at Work (1992)

Occupational Health and Safety Helpline (SHE)

www.medicalconditions@school.org

www.epilepsy.org.uk

Out of Hospital:

Treatment of Prolonged Seizures

Individual care plan for administration of **BUCCAL MIDAZOLAM**

- To be completed by the consultant
- Read in conjunction with 'instructions for use of buccal midazolam -general recommendations'

CHILD'S NAME:	**DATE OF BIRTH:**
HOSPITAL NO:	**Wt:** **Date:**

CURRENT DIAGNOSIS	CURRENT MEDICATION

DESCRIPTION OF SEIZURES	DURATION OF SEIZURES

CHILD'S NAME:	DATE OF BIRTH:

WHEN SHOULD BUCCAL MIDAZOLAM BE GIVEN:
Type of seizure:
Duration of seizure:
Other:

DOSE OF BUCCAL MIDAZOLAM IN MILLILITRE (mls) OF STANDARD PREPARATION (Epistat 10mg/ml) TO BE GIVEN:

WHEN TO CALL FOR AN AMBULANCE:
Call an ambulance at any time when at all worried about the state of the child, but also if the seizure has not stopped 5 minutes after midazolam was given.
Individual instructions (as specified by the Consultant):

- This care plan replaces any previous individual care plans for this child.
- Use in conjunction with first aid protocol for children with epilepsy, at school.

Signature:

Name of Consultant: **Date:**

1. Care plan discussed and agreed by parent/carer/young person □
2. Buccal Midazolam information leaflet given □
3. 'off license' information given □

OUT OF HOSPITAL:

TREATMENT OF PROLONGED SEIZURES

Instructions for the use of BUCCAL MIDAZOLAM

General recommendations:

- Each child should have an **individual epilepsy care plan** to be used in case of emergencies. The individual care plan should be completed and signed by the child's consultant.
- Implement First aid protocol for epilepsy (the First Aid protocol is held by the school health team).
- Call for help and get medication ready (see individual care plan)
- If the child's seizure lasts for more than 5 minutes, administer Buccal Midazolam as per instructed dose. (see child's care plan for individual instructions)
- Response to midazolam usually occurs in 5 minutes. If at any time worried about the state of the child, then call for an ambulance. In any case, call an ambulance if the child is still fitting 5 min after administration of midazolam.
- If the child has stopped fitting, put him/her in recovery position.
  Monitor child's breathing for 30 – 60 minutes. The child may have shallow

  breathing. The child may be drowsy for several hours after administration.
- Dose guidance for Buccal Midazolam (10mg/ml):

1-4 yr:	(5mg)
5-9 yr:	(7.5mg)
>10 yrs or above	(10mg)

Dial 999 for an ambulance after administration of Buccal Midazolam

- At any time if worried about the state of the child
- If this is the child's first dose ever given, call an ambulance after administration
- If the child has not stopped fitting after 5 minutes of medication
- If there are breathing problems, in spite of fits stopping.
- If seizures recur.

-REMEMBER TO TELL THE AMBULANCE PERSON THAT BUCCAL MIDAZOLAM WAS GIVEN
-WEAR PROTECTIVE GLOVES

APPENDIX 1.3

Buccal Midazolam

Information for Adolescents and Parents /Carers of Children with Epilepsy.

What is buccal Midazolam?
Midazolam is a benzodiazepine similar to rectal Diazepam (Stesolid). Benzodiazepines have a sedative action (makes you sleepy) and muscle relaxant action (muscles go floppy). Both are used to control acute epileptic fits in children. Diazepam is used rectally, but Midazolam can be given through the mouth. Buccal means the area in the mouth between the gums and the cheek. When Midazolam is given through the Buccal route, it is directly absorbed into the bloodstream. It does not need to be swallowed to cause an effect.

Why is it given?
If children fit for 30 minutes and longer (this is called Status Epilepticus), the risk of complications increases. Most fits can be stopped by early administration of medication. Buccal Midazolam is given to prevent fits developing into Status Epilepticus.

When is it given?
Most fits stop by themselves within 5 minutes and do not need emergency medication. Generally, if fits are lasting for more than 5 minutes, emergency medication is used. One of the options for this is giving Buccal Midazolam. When to give Buccal Midazolam should be discussed with the prescribing doctor.

How is Buccal Midazolam given?
It is a liquid given via a syringe (no needles), into the buccal cavity which is the space between gums and cheek. (follow instructions on carton)

How soon will it work?
Often, the fits will start to be controlled within 5 minutes of giving Buccal Midazolam. Most fits are controlled within 10 minutes after giving Buccal Midazolam.

What are the potential side effects?
These are similar to other Benzodiazepines, such as Rectal Diazepam. Breathing can be affected (slow breathing). Drowsiness can last for several hours. Occasionally confusion, disorientation or agitation can occur.

When should I call an ambulance?
- If you are unsure or at any time worried about the child
- If this is the child's first dose ever given, call an ambulance after administration
- If the child has not stopped fitting 5 minutes after medication
- If there are breathing problems, in spite of fits getting controlled
- If the fits recur.
- If an overdose has inadvertently been given

REMEMBER TO TELL THE AMBULANCE CREW THAT BUCCAL MIDAZOLAM WAS GIVEN

What should you do when the child has stopped fitting:
Put child in recovery position. Monitor his/her breathing for an hour. Child may be drowsy for several hours and needs adult supervision until recovered

Legal category
Buccal Midazolam is an 'unlicensed medicine' within the meaning of current legislation. You could discuss this issue with the prescribing doctor.

How long can the pack be kept?
Until expiry date on the carton. If the liquid turns cloudy, it needs to be replaced.
There is usually enough for at least 4 doses in the bottle.

Out of Hospital:

Treatment of Prolonged Seizures

Individual care plan for administration of **RECTAL DIAZEPAM**

- To be completed by the consultant
- Read in conjunction with 'instructions for use of rectal diazepam-general recommendations'

CHILD'S NAME:	**DATE OF BIRTH:**
HOSPITAL NO:	**Wt: (Date:)**

CURRENT DIAGNOSIS	CURRENT MEDICATION

DESCRIPTION OF SEIZURES	DURATION OF SEIZURES

CHILD'S NAME:	DATE OF BIRTH:
WHEN SHOULD RECTAL DIAZEPAM BE GIVEN:	
Type of seizure:	
Duration of seizure:	
Other:	

DOSE OF RECTAL DIAZEPAM IN MG (5MG OR 10MG TUBE) OF STANDARD PREPARATION TO BE GIVEN:

WHEN TO CALL FOR AN AMBULANCE:
Call an ambulance at any time when at all worried about the state of the child, but also if the seizure has not stopped 5 minutes after diazepam was given.
Individual instructions (as specified by the Consultant):

- This care plan replaces any previous individual care plans for this child.
- Use in conjunction with first aid protocol for children with epilepsy, at school.

Signature:

Name of Consultant: **Date:**

1. Care plan discussed and agreed by parent/carer/young person □
2. Rectal Diazepam information leaflet given □

OUT OF HOSPITAL:

TREATMENT OF PROLONGED SEIZURES

Instructions for the use of RECTAL DIAZEPAM

General recommendations:

- Each child should have an **individual epilepsy care plan** to be used in case of emergencies. The individual care plan should be completed and signed by the child's consultant.
- Implement First aid protocol for epilepsy (the First Aid protocol is held by the school health team).
- Call for help and get medication ready (see individual care plan)
- If the child's seizure lasts for more than 5 minutes, administer Rectal Diazepam as per instructed dose. (see child's care plan for individual instructions)
- Response to diazepam usually occurs in 5 minutes. If at any time worried about the state of the child, then call for an ambulance. In any case, call an ambulance if the child is still fitting 5 min after administration of diazepam.
- If the child has stopped fitting, put him/her in recovery position.
  Monitor child's breathing for 30 – 60 minutes. The child may have shallow

  breathing. The child may be drowsy for several hours after administration.
- Dose guidance for Rectal Diazepam:

6 months -2 yr:	5mg
2 -12 yr:	5-10mg
>12 yr:	10mg

Dial 999 for an ambulance after administration of Rectal Diazepam

- At any time if worried about the state of the child
- If this is the child's first dose ever given, call an ambulance after administration
- If the child has not stopped fitting after 5 minutes of medication
- If there are breathing problems, in spite of fits stopping.
- If seizures recur.

-REMEMBER TO TELL THE AMBULANCE PERSON THAT RECTAL DIAZEPAM WAS GIVEN
-WEAR PROTECTIVE GLOVES

RECTAL DIAZEPAM

Information for adolescents and parents/carers of children with epilepsy

What is Rectal Diazepam?
Diazepam is a Benzodiazepine. Benzodiazepines have a sedative action (makes you sleepy) and muscle relaxant action (muscles go floppy). They are used to control acute epileptic fits in children. When administered by the rectal route, the drug is directly absorbed into the blood stream. This helps it to act quickly.

Why is it given?
If children fit for 30 minutes and longer (this is called Status Epilepticus), the risk of complications increases. Most fits can be stopped by early administration of medication. Rectal Midazolam is given to prevent fits developing into Status Epilepticus.

When is it given?
Most fits stop by themselves within 5 minutes and do not need emergency medication. Generally, if fits are lasting for more than 5 minutes, emergency medication is used. One of the options for this is giving rectal diazepam. When to give rectal diazepam should be discussed with the prescribing doctor.

How is Rectal Diazepam given?
Instructions for use are given with each box. The medication is in the form of rectal tubes of 2.5mg 5mg or 10 mg. The dose that should be given should be decided by the prescribing doctor.

How soon will it work?
The medicine should start working by 5-10 minutes of administration.

What are the potential side effects?
Breathing can be affected (slow breathing). Drowsiness can last for several hours. Occasionally confusion, disorientation or agitation can occur.

When should I call an ambulance?
- If you are unsure or at any time worried about the child
- If this is the child's first dose ever given, call an ambulance after administration
- If the child has not stopped fitting 5 minutes after medication
- If there are breathing problems, in spite of fits getting controlled
- If the fits recur.
- If an overdose has inadvertently been given

REMEMBER TO TELL THE AMBULANCE PERSON THAT RECTAL DIAZEPAM WAS GIVEN

How long can it be kept?
Until the expiry date on the tube

What should you do when the child has stopped fitting:
Put child in recovery position. Monitor his breathing for an hour. Child may be drowsy for several hours and needs adult supervision until recovered.

Appendix 3

Healthcare Plan for a Pupil with Epilepsy (Parents/Carer to complete for School/Early Years setting)
If the child has rescue medication please complete the appropriate additional care plan (Appendix 1 or Appendix 2)

PHOTO

Name:

Date of Birth:

Condition:

……..

Review Date…….

Name of School/Early Years……

Name of School Nurse/Health Visiting Team ……..

Contact Telephone Number……Date……..

Contact Information

Family contact 1	**Family contact 2**
Name: Name:	
Phone No. (work):…… (home):……	Phone No. (work)……... (home)……
Relationship:……	Relationship:……..

Clinic/Hospital contact	**G.P.**
Name: ……..	Name:……..
Phone No:……	Phone No:……...

Date of Health & Safety Risk Assessment (To be carried out by School/Early Years setting):
Names of School/ Staff who have volunteered to be involved in this child's care.

(1) (3)

(2) (4)

Outline of procedure/condition requiring management:

Describe condition and give details of pupil's individual symptoms:

……..

……..

……..

……..

Treatment required:

General seizure management instructions

Individual Care Plan instructions Appendix 1 Buccal Midazolam

Appendix 2 Rectal Diazepam

Signature(s): ……. Date: ……..

……...

Relationship to pupil: …….

……..

Head Teacher: …….. Date: ……..

Copy to: Parents
School/Early years setting
GP/Consultant
School Health Team

Seizure Record Chart

Appendix 4

Name **Date** **Time**

				Please describe
Warning Signs (Just prior to seizure)	Mood Changes	Yes	No	
	Restlessness	Yes	No	
	Sensations / Bad taste	Yes	No	
	Smell foul odour	Yes	No	
	Flashing lights/Colour	Yes	No	
	Pins and needles in limbs	Yes	No	
	Making sounds	Yes	No	
	No warning signs	Yes	No	
	Other	Yes	No	
Describe the Seizure	Did the child fall?	Yes	No	
	Automations?	Yes	No	
	Confusion?	Yes	No	
	Change in muscle tone?	Yes	No	
	Jerking?	Yes	No	
	Did they lose consciousness? Yes No (If yes, how long mins)			
	Was there any injury sustained? Yes No (If yes, please describe injury and treatment)			
Appearance	Did their colour change?- Pale	Yes	No	
	Flushed	Yes	No	
	Cyanotic –turning blue	Yes	No	If yes, please state which body parts Lips Face Limbs

Body Movements Was there movement in:	Limbs	Yes	No	
	Facial	Yes	No	
	Head	Yes	No	
Circumstances	Where did the seizure occur?			
	What was the person doing at the time?:			
	Standing	Yes	No	
	Sitting	Yes	No	
	In Bed – asleep	Yes	No	
	In Bed – awake	Yes	No	
	Walking	Yes	No	
	Eating	Yes	No	
	Other Activities, please specify			
	How where these activities affected by the seizure			
	Any other relevant Information			
Name of Person Completing				

Appendix 5

.....School/Early Years setting

Staff Awareness Session Record in Support of

Epilepsy

	Name of Teacher/ Support worker	Signature of Teacher/ Support worker	Date
1			
2			
3			
4			
5			
6			
7			
8			

I certify that the above people have attended the relevant Awareness session

Proposed date for updating training: - ……

Signed ……..
(Public Health Nurse)

Signed ……
(School/ Early Years co-ordinator)

Name (Print) ……..…

Name (Print) ……..

Date……

Date……

A copy to be retained by the Public Health Nurse

Appendix 6

SCHOOL AND EARLY YEARS STAFF AWARENESS SESSION PLAN AND SPEAKER NOTES
EPILEPSY

This teaching plan indicates the aims and learning outcomes for the staff awareness session to be given to school and early years staff by Public Health Nurses within the School Nursing or Health Visiting services who have received appropriate training in relation to the associated guidelines.

Aim: The member of staff will provide appropriate care and support for children with epilepsy in school.

Learning Outcomes: The member of staff will:

- Have an understanding of factors which may trigger seizures
- Recognise when a child with epilepsy is experiencing a seizure.
- Assist the child with appropriate emergency treatment for an epileptic episode dependent upon the severity of the condition.
- Administer Buccal Midazolam via the buccal mucosa (inside the cheeks) or Rectal Diazepam as prescribed.
- Observe the child in a safe environment until recovered or medical help arrives.
- Call for parental and medical aid for epileptic seizure as appropriate.

Training: Attendance at a training session to be provided at the request of the School/Early Years setting, delivered by a trained and competent member of the Public Health Nursing Service

Recources required:

Copy of the guidelines pertaining to the management of Epilepsy in Schools/Early Years settings
The PowerPoint presentation power point presentation epilepsy and speaker notes
Hard copy of the presentation if no PowerPoint resources available
Handouts for the presentation
Copy of staff Awareness Session Record for completion
Copy of Evaluation of Staff Awareness session evaluation

Update: To be reviewed annually by school at School Health Needs Assessment or sooner in the event of new diagnosis of a young person/child

. To be reviewed annually by Early Years settings or sooner in the event of new diagnosis of a child.

Knowledge to be reviewed annually by School

- Identify the Epilepsy School Policy.
- Identify child/children in school with epilepsy.
- Understand the basis physiology of epilepsy, signs and symptoms and health care needs of the child with epilepsy in school.
- Basic understanding of epilepsy and its treatment.
- Administration of medication and/or First Aid.
- Contents of emergency packs and storage areas in school.
- Emergency procedures as agreed between parent and school.
- General advice (school trips/detention/outpatient appointments etc).
- Know when to seek further advice.

Appendix 7

EVALUATION OF EPILEPSY AWARENESS SESSION

Venue/ Date of session: _____

Public Health Nurse providing session: _____

1. **Length of session:**

Too long [ ] Just Right [ ] Too short [ ]

2. **Content of session in relation to symptoms and daily management of epilepsy**

Too in depth [ ] Appropriate to your need [ ] Too superficial [ ]

3. **Knowledge level prior to session of what to do for a child suffering an Epileptic seizure: (0 = Poor; 5=Good)**

0 1 2 3 4 5

4. **Knowledge level after the session of what to do for a child suffering an epileptic seizure: (0 = Poor; 5=Good)**

0 1 2 3 4 5

5. **Practical application:**

Following the session what is your confidence level in administering medical treatment i.e. buccal midazolam / rectal diazepam to a child?

Yes – more confident [ ] Same - as before [ ] No – more anxious [ ]

6. **Any other comments?**

Is there anything else you would like include that was not covered on this occasion?

-

Once completed please return to School Nurse/ Health Visiting team

Appendix 8

NHS Gloucestershire

Gloucestershire Care Services

Assessment of Competence for Registered Health Care Practitioner

Competency Number:

Clinical Skill: Delivery of Epilepsy Awareness session in Schools and Early Years settings

Name: ..... **Ward/Team** .....

Aim: Epilepsy awareness session is delivered effectively.

Objectives: The Public Health Nurse will:

- Demonstrate the knowledge and skills necessary for delivering Epilepsy awareness session effectively supported by the Epilepsy in Schools and Early years settings guidelines.
- Be competent in demonstrating the administration of emergency medication

Training:

- Public Health Nurses who are required to provide the awareness session will be supported and assessed in the delivery of the Epilepsy awareness session with resource pack provided for this purpose.
- All Public Health Nurses who are required to provide Epilepsy awareness sessions in School and Early Years settings will also undertake mandatory annual updates in Basic Life Support and Anaphylaxis.

Assessment: Using performance criteria overleaf.
Those acting as trainers / assessors in clinical practice must hold an assessors qualification, or be senior, experienced staff who have undertaken training and / or are certified as competent in the procedure themselves and be undertaking the procedure regularly.

Date for completion of underpinning knowledge:

Date for completion of observed and supervised practice:

Risk Assessment: Low (level of risk of harm due to user error)

Update: Competence to be reviewed annually at appraisal/Individual Performance Development Review (IPDR) or in the event of updated guidelines / awareness session resource pack review.

Skills for Health Links:
None found

Evidence for KSF (Delete those not appropriate)
Core Dimension 1: Communication
Core Dimension 2: Person and People Development
Core Dimension 3: Health, Safety and Security
Core Dimension 4: Service Improvement
Core Dimension 5: Quality
Core Dimension 6: Equality and Diversity

Underpinning Knowledge				
Component of Underpinning knowledge to be achieved	**Date discussed**	**Signed**	**Date Completed**	**Signed**
Understanding of the content of the Guidelines and resource pack.				
Knowledge of the condition and warning signs				
Recognition and management of epilepsy				
Emergency medication - how to store it and administer it when required.				
Necessity of informed consent and Individual Health Care Plan and Emergency Action Plan				
Comments:				

I certify that the above-named Registered Health Care Practitioner has completed the theoretical assessment which covered the above:			
Signed:		**Date:**	
Print Name:		**Position:**	

Clinical Skill				
Performance Criteria: The practitioner will:	**Date observed**	**Date supervised (1st)**	**Date supervised (2nd)**	**Date completed**
1. Demonstrate understanding of the Epilepsy guidelines.				
2. Identify ratified resources available.				
3. Demonstrate effective verbal presentation of information included in Epilepsy in Schools & Early years session plan.				
4. Explain medication available and how to administer it including indications, contraindications and complications, and safe storage.				
5. Demonstrate the administration of emergency medication using placebo device.				
6. Can outline the importance of informed consent and the necessity of an Individual Health Care Plan/ Emergency Action plan.				
7. Maintain an accurate record of attendance of the annual awareness session.				

I confirm that the Registered Healthcare Practitioner named overleaf has completed the assessment competently.

Signed:		**Date:**	
Print Name:		**Position:**	

Assessor Comments:

Candidate Comments:

Declaration

I confirm that I have had theoretical and practical instruction on how to safely and competently perform and agree to comply with the policy and procedures of the Trust. I acknowledge that it is my responsibility to maintain and update my knowledge and skills relating to this competency.

Signed:		**Grade:**	

References:

1 copy for personal portfolio 1 copy to PCT Training Dept 1 copy individuals portfolio

Reflective Notes

Title of Activity:
Date Commenced:
What were my personal objectives, thoughts and feelings prior to commencement: • *Personal objectives can be informal or formal that has been identified through appraisal with your manager.* • *Thoughts and feelings are personal to you and should not be shared unless you wish them to be.*
What have I gained from the activity: • *Were my personal objectives met?* • *What positive experiences can you identify from attending the course?* • *What experiences can you identify that need development?*
How can I apply what I have learnt into Practice: • *This should be identified initially after the course and reviewed after 3 months*
What other Learning Needs have I discovered as a result of this process: • *This can be identified during, straight after the course or as part of the reflection process.* • *Learning needs should be discussed with your Line Manager*

Based on The Reflective Cycle (Gibbs 1988)