

School District of Escambia County, FL Guidelines for Managing Seizures in the School Setting

Escambia County Health Department, the School District of Escambia and County, the Epilepsy Services of Northwest Florida, Child Neurology Clinic, and the School Health Advisory Committee have approved these guidelines for staff in order to competently meet the medical needs of a student with seizures in the school environment.

I. SEIZURE MANAGEMENT

- A. School Personnel and School Health Personnel Responsibilities:
- Develop a student specific Health Care Plan (completed by RN).
 - Notify appropriate personnel of a student's health care needs, including transportation personnel.
 - Assure that at least two staff members are trained to provide first aid for seizures.
 - Provide first aid as needed.
 - Call 911 if:
 - ✓ seizure lasts longer than 5 minutes;
 - ✓ student has repeated seizures;
 - ✓ student has trouble breathing during or after a seizure;
 - ✓ student cannot be aroused after seizure; or
 - ✓ student is pregnant, diabetic, or has no known seizure history.
 - Notify parent/guardian of seizure.
 - Document seizure on Student Treatment Record.
- B. Health Care Provider Responsibilities:
- Provide consultation in the development of the student's Health Care Plan.
 - Offer expert review of training materials and procedures.
- C. Parent/Guardian Responsibilities:
- Inform school of student's seizure disorder.
 - Participate in the development of the student's Health Care Plan.
 - Maintain current emergency contact names and phone numbers at school.
 - Accept financial responsibility for 911 call and transportation to the hospital.
- D. Student Responsibilities:
- Participate in development of personal Health Care Plan, if cognitively appropriate.
 - Seek help if aware of pending seizure.

II. ADMINISTRATION OF VAGAL NERVE STIMULATION

- A. School Personnel and School Health Personnel Responsibilities:
- Develop a student specific Health Care Plan (completed by RN).
 - Notify appropriate personnel of a student's health care needs.
 - Provide at least two trained competent persons, in addition to clinic staff, to apply magnet to vagal nerve stimulator and provide first aid.

- Maintain magnet in safe location away from other magnetic sources (i.e. television, computer, microwave, credit cards and computer discs)
- Notify parent/guardian of use of vagal nerve stimulator magnet per health care plan.
- Document seizure on Student Treatment Record.
- Call 911 if:
 - ✓ convulsion lasts longer than 5 minutes;
 - ✓ student has repeated seizures;
 - ✓ student has trouble breathing during or after a seizure; or
 - ✓ student cannot be aroused after seizure

B. Health Care Provider Responsibilities:

- Provide required Authorization for Seizure Management.
- Provide consultation in the development of the student's Health Care Plan.
- Offer expert review of training materials and procedures.

C. Parent/Guardian Responsibilities:

- Participate in the development of the student's Health Care Plan.
- Provide school with Authorization for Seizure Management.
- Provide magnet.
- Maintain current emergency contact names and phone numbers at school.
- Authorize physician to release medical information to school nurse.
- Accept financial responsibility for 911 call and transportation to the hospital.

D. Student Responsibilities:

- Participate in development of personal Health Care Plan, if age appropriate.
- Use VNS magnet as directed by health care provider, if possible.

III. ADMINISTRATION OF DIAZEPAM RECTAL GEL (DIASTAT)

Diazepam rectal gel is an emergency intervention drug used to control prolonged seizures and bouts of increased seizure activity (clusters). In the school setting, the use of this drug is limited to life-threatening convulsive seizure activity:

- Convulsive seizures lasting greater than five minutes; and
- Repetitive convulsive seizures; and
- Prolonged altered mental status.

See Appendix A for definitions of types of seizures.

A. School Personnel and School Health Personnel Responsibilities:

- Develop a student specific Health Care Plan.
- Notify appropriate personnel of a student's health care needs.
- Provide at least two trained competent persons, in addition to clinic staff, to administer Diastat and first aid.
- Use Nursing Decision Tree (Appendix C) to determine if procedure can be delegated
- Call 911 when Diastat is administered.
- Notify parent/guardian of seizure and administration of Diastat.
- Document drug administration on Student Medication Record.
- Document seizure activity and response to treatment on Student Treatment Record.

B. Health Care Provider Responsibilities:

- Provide required Authorization for Seizure Management for Diastat that includes indication for type and duration of seizure and expected side effects.
- Provide consultation in the development of the student's Health Care Plan.
- Offer expert review of training materials and procedures.

C. Parent/Guardian Responsibilities:

- Participate in the development of the student's Health Care Plan.
- Provide school with Authorization for Seizure Management.
- Authorize physician to release medical information to school nurse.
- Maintain unexpired Diastat medication in school clinic.
- Provide disposable plastic table cloth to protect privacy during administration.
- Maintain current emergency contact names and phone numbers at school.
- Accept financial responsibility for 911 call and transportation to the hospital.

D. Student Responsibilities:

- Participate in development of personal Health Care Plan, if cognitively appropriate.

IV. STAFF EDUCATION

A. General Awareness Training Resources:

- Provide one page handout for school staff, including transportation personnel, describing types of seizure activity and first aid response.
- Post powerpoint presentation on school district's health services web page.
- Display posters describing seizures and first aid in several areas of school, such as front office, clinic, cafeteria, and gym.

B. Child Specific Training for Diastat and Vagal Nerve Stimulator

- Designate staff to be trained. Include transportation staff as appropriate.
- Review seizure materials (general awareness training, Diastat, VNS) available on school district health services web page as appropriate.
- Provide child specific training, skill verification, and delegation of treatment by school nurse with periodic monitoring of skills.

Appendix A: Definitions of Seizures/Epilepsy

Seizure is a medical condition where the brain does not work the way it should. Some of the most common causes of seizures are fever, infection, poison, low blood sugar, lack of oxygen to the brain or brain injury.

Epilepsy is diagnosed by a physician when seizures are expected to re-occur due to known or unknown causes. Common types of seizures are listed below.

Generalized Seizures - Convulsive (affects the whole brain)	
Tonic-Clonic (Grand mal)	<ul style="list-style-type: none"> • convulses (shake, jerk or be stiff) • falls down, has trouble breathing • goes into deep sleep (does not awake to touch or sound)

Generalized Seizures – Non-Convulsive (affects the whole brain)	
Absence (Petit mal)	<ul style="list-style-type: none"> • has a blank stare, appears dazed or in a daydream which lasts only seconds • blinks or chews which occurs quickly, briefly and repeatedly
Atonic (Drop attack)	<ul style="list-style-type: none"> • falls or collapses suddenly but may stand and walk again within a minute
Myoclonic	<ul style="list-style-type: none"> • has sudden powerful movements of the arms, hands, or torso

Partial Seizures (affects a part of the brain)	
Simple Partial	<ul style="list-style-type: none"> • has muscle twitching or jerking in one part of the body such as a hand, arm, or leg that may move to other parts of the body • sees, hears, or smells things that are not there, or may feel unexplained fear, anger, or sadness • may spread to the whole brain and become a tonic-clonic (convulsive) seizure
Complex Partial (same as Simple Partial with added symptoms)	<ul style="list-style-type: none"> • may be confused, dazed and not able to talk • walks about but may be clumsy or appears drunk • picks at clothing or objects, or may remove clothing • cries, displays strange or unusual behavior including emotional outbursts • may spread to the whole brain and become a tonic-clonic (convulsive) seizure

Appendix B Common Medications for Seizure Management

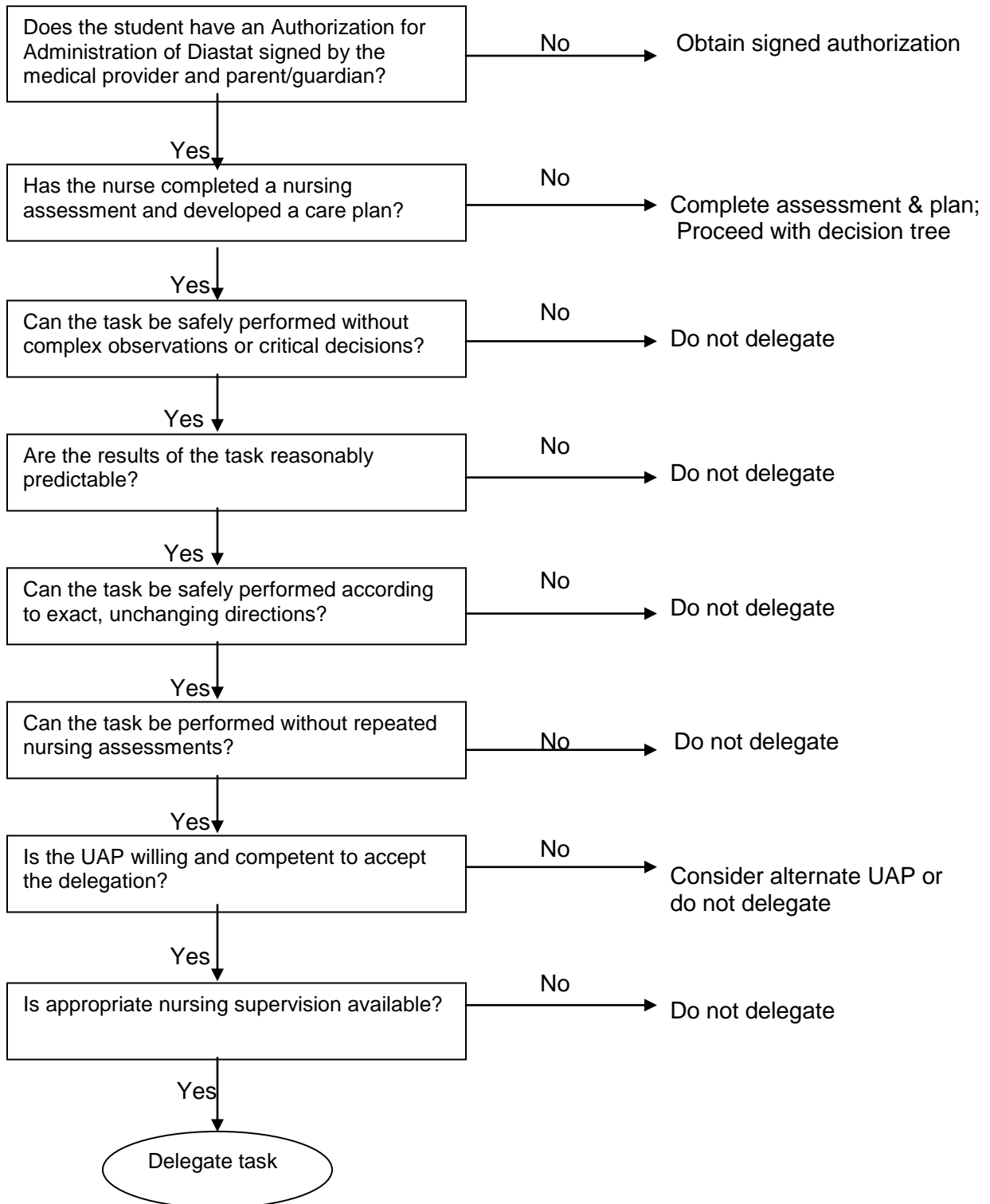
- Depakote
- Dilantin
- Keppra
- Lamictal
- Neurotin
- Phenobarbital
- Tegretol
- Topamax
- Trileptal
- Zarontin
- Zonegran

Adverse Effects:

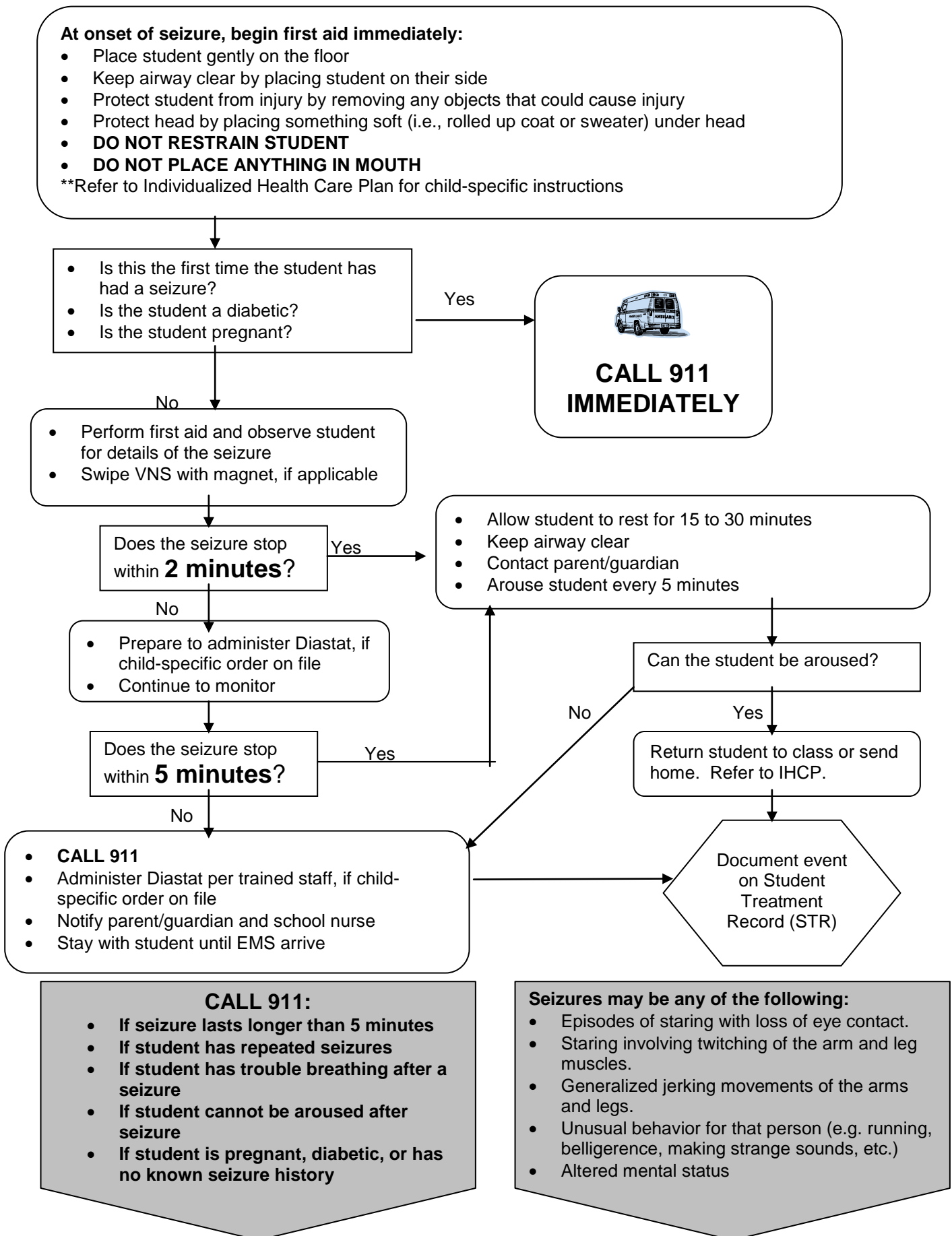
Any student receiving one of these medications may experience adverse effects specific to the individual.

- Slowed cognitive function; impaired thinking; memory disruption
- Gum hyperplasia
- Excess hair growth
- Itching
- Hair loss
- Allergic reaction
- Weight loss or gain
- Significant liver and blood abnormalities
- Birth defects
- Medication interaction
- Behavioral changes

Appendix C: Nursing Delegation Tree for Administration of Diastat



Appendix D: First Aid Flow Chart for Seizures



**2010/2011 Guidelines for Seizure Management in the School Setting
Signature Page**

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Florida Department of Health Escambia County Health Department:

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By: _____
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School Board of Escambia County, FL:

By: _____
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Date: _____

Approved as to form

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By: _____
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