Seizure Management
At School

Epilepsy and Seizure information for schools.

Adapted from,
www.interiorhealth.ca
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What is a Seizure?

• A seizure is a “brief, temporary disturbance in the electrical activity of the brain” and may affect:
  • Muscle control and movement
  • Speech
  • Vision and/or eye movement
  • Awareness and/or behavior
  • Seizures can be convulsive or non-convulsive.
  • They may vary in frequency and severity.
Examples of Signs of a Seizure.

- Blank staring into space
- “Empty look in eyes
- Rapid blinking
- Eyes rolling upward
- Periods of unresponsiveness
- Inability to pay attention
- Repetitive (tic-like) movements of body parts, usually head, arms, legs
- Total body jerking with eyes rolled back in head
- Mouth movements with a dazed look
- Frothing at the mouth
- Loss of consciousness
- Loss of body control
- Dazed walking
- Repeated confusion
• Epilepsy:
  - Neurological medically diagnosed condition that makes people susceptible to seizures
  - Sometimes called a seizure disorder.
  - Can develop at any age
  - Seizures are chronic (ongoing and frequent)
  - Seizures can happen without a known cause

  - Many people with epilepsy experience more than one type of seizure.
What is the difference between a seizure and epilepsy?

- **Seizures** are often symptoms of another health problem:
  - Diseases
  - Fever
  - Temporary medical, neurological or neurosurgical illness

- After the person is treated (illness is resolved) the **seizures** do not occur again

- **Epilepsy** is a chronic (ongoing) series of seizures, and can develop at any age. The seizures reoccur frequently and often without known cause.
Why do Seizures occur?

- A child may have many reasons for seizures:
  
  **HEAD INJURY**
  - MVAs, Sports injuries
  - Falls
  - Head trauma

  **INTRACEREBRAL INJURIES**
  - Tumors
  - Strokes

  **HEREDITY**
  - Inherit different degrees of susceptibility to seizures

  **BIRTH INJURY**
  - Brain injury to fetus during pregnancy & birth
  - Perinatal asphyxia
  - Postnatal vascular accidents

  **INFECTION**
  - Meningitis
  - Viral encephalitis
  - Measles, mumps
  - Diphtheria

  **CONGENITAL DISORDERS**

  **METABOLIC DISORDERS**

  **FEVER**
What Triggers Seizures?

- Triggers can include:
  - Stress
  - Excessive excitement/stimulation
  - Excessive fluid intake
  - Extremely low blood sugar in diabetics
  - Sunlight, heat, humidity
  - Flickering lights
  - Skipping meals and poor nutrition
  - Illness, fever, allergies
  - Withdrawal from medication, illegal drugs, or alcohol
  - Missed medication doses
What Are the Different Types of Seizures?

There are several different types of seizures. They are divided into 2 broad types:

**Partial**
- Occurs in PART of the brain
  - Simple Partial
  - Complex Partial

**Generalized**
- Occurs in the WHOLE brain
  - Absence
  - Myoclonic
  - Tonic-Clonic
  - Atonic
Treatment for Seizures

- **Medication**
  - Most common method
  - Seizures can be completely controlled in 80% of all cases
  - A control, not a cure
  - **Goal**: To use the least amount of drugs to control the seizures, and to suffer the least amount of side effects

- **Surgery** may be effective for some children

- **Special Diet** may be used in some cases
Seizure First Aid

What should you do?

1. **Stay calm.** Most seizures last less than 5 minutes
   Note the time the seizure started

2. **Do not restrain** the person during the seizure

3. **Protect the person from injury:**
   - Ease the person to the floor.
   - Move hazardous objects out of their way.
   - Do Not put anything in their mouth (a person cannot swallow their tongue).
Seizure First Aid

4. Put the child into the recovery position to keep the airway clear
   - Roll child on their side once seizure is ended and it is safe to do so.
   - Place something soft under their head.
   - Loosen tight clothing, remove objects (glasses).

5. Document on a seizure record form or any available paper:
   - Describe the seizure.
   - How long the seizure lasted.
   - How the person acted immediately before and after the seizure.
6. **Reassure and provide comfort.** Afterwards, talk gently to comfort and reassure the child. Stay with them until they are re-oriented.

**Post seizure period:**
- Check for injuries
- Call parents to notify of event
- Allow child to rest or sleep
- Do not give anything to eat or drink until the child is fully awake and alert
- Remain with the child until fully recovered
- Assist child with clothing if necessary
- Child may complain of a headache or be confused
Seizure First Aid

Seizures do not always require urgent care.

Call 911 immediately if:

- The person stops breathing for longer than 30 seconds. After calling 911 begin rescue breathing/CPR
- The seizure lasts longer than 5 minutes. (The person may have entered a life-threatening state of prolonged seizure called status epilepticus).
- More than one seizure occurs within 24 hours, the person has diabetes or is pregnant.
- This is the person’s first seizure; or if you don’t know the person has epilepsy.
- Serious injuries have occurred.
What is the family responsible for?

- Giving specific information to the Nurse about the student
- Consulting with their Dr. and providing the school with an annual Medical Care Plan
- Supplying any labelled medication
- Making treatment decisions
- Ensuring that the student wears a Medic Alert Bracelet at all times
- Communicating with the school especially if there is any medical changes with the student
What is the school responsible for?

1. **Ensuring that the school staff are aware of:**
   - which students have seizures
   - seizure management protocol and seizure first aid
   - School District policy regarding medical conditions at school

2. **Medical Alert Plan and Request that Medication forms** have been received from the family.

3. **Safely storing** the student’s labeled medication

4. **Documenting** seizures in a seizure record/form

5. **Communicating** with the family as needed.
Questions

Contact your School Nurse if you have any questions regarding this presentation.