

Standards of Care for Seizure Management in the School Setting Utah 2017

NOTE: School nurses should determine their individual scope of practice regarding new seizure treatment therapies and/or seizure care practices.

Seizures

The school nurse can be instrumental in the identification of seizures and in providing education and support to students, teachers, and parents/guardians. Signs and symptoms vary with the type of seizure a student experiences, and the cause of seizures also varies. The school nurse needs to understand the various etiology associated with each type of seizure, the types of anticonvulsant medications that may be prescribed for the seizures, and the individualized plan of care for each student.

Seizure Action Plan

Students with seizure disorders should have an Individualized Healthcare Plan (IHP) on file with the school before they attend. These are written by the school nurse and the parent, and can be reviewed by the physician. The IHP should be reviewed at least annually, or when the student transfers to another school.

The Department of Health, along with other stakeholders, has developed a State IHP form (IHP102.1) that is recommended for use in Utah. This form is not the only option; the school nurse may choose to use another seizure IHP form.

Seizure Rescue Medication

Utah Code 53A-11-603.5 allows parents to request a volunteer be trained to administer seizure rescue medication for use in an emergency. The appropriate Seizure Medication Management Order (SMMO) (M-3) must be completed and signed by the parent and a healthcare provider, and returned to the school before this can be initiated.

According to the above referenced code, before this medication can be given at school the student:

- Must have been administered the medication in a non-medically supervised setting without a complication; and
- Must have ceased having a full body prolonged convulsive seizure activity as a result of receiving the seizure rescue medication.

If both of these requirements are not met, a volunteer cannot be trained to administer the medication at school. The training program developed by the Department of Health and its partners must be followed if seizure rescue medication is to be available in a school setting.

Seizure rescue medication is a controlled substance, and as such, should not be carried by the student. The parent/guardian should bring the medication to the school. Medication should be kept in a locked location, yet accessible for use in an emergency.

Management

Monitoring of seizure activity includes:

- Obtaining and updating the student's health history, including an in-depth history of seizure onset, kind of seizure activity, triggers, aura(s), and prescribed medications.
- Documenting seizure activity. If seizure activity is observed, the observer should document the frequency, date/time/duration, specific behaviors, aura, changes in level of consciousness, etc.
- Implementing emergency medical care as needed.
- Counseling the student, teachers, and other staff regarding safety precautions should a seizure occur.
- Counseling the student regarding social adjustment, self-care needs, activity restrictions, and necessary modifications.
- Reporting any seizure activity to parents/guardians and to advanced healthcare provider.

Note: Access training materials from the Epilepsy Foundation at www.epilepsyfoundation.org

REFERENCES

Utah Department of Health. (2016). Utah guidelines for administration of seizure rescue medication. Retrieved from <http://choosehealth.utah.gov/prek-12/school-nurses/guidelines/forms.php>

Virginia Department of Health. (1999). First aid guide for school emergencies. Retrieved from http://www.doe.virginia.gov/support/health_medical/index.shtml