

Seizure Care in School



Objectives

- Upon completion of this presentation learners will~
- Be able to identify when a student is having a seizure
 - Petit Mal or Absence
 - Tonic clonic or grand mal seizure
- Steps to take when a seizure occurs
- Administration of emergency medication for seizures
- Site specific plan of action

Causes of Seizures

- Fever
- Metabolic Disturbance
- Hemorrhage
- Drug Withdrawal
- Structural Lesions
- Genetic Disorders
- Idiopathic
- Trauma
- Poisoning
- Brain injuries before, during and after birth

Seizure Disorders

What is a Seizure?

- A neurological condition, usually chronic
- Abnormal, excessive electrical discharges from the neurons in the cerebral cortex which may cause loss of consciousness and violent and sudden contractions
- Seizures can also be called convulsions

Epilepsy – a chronic neurological condition in which clusters of cells signal abnormally

Petit Mal or Absence Seizures

- Non-life-threatening
- Can be subtle
 - Eyes twitching or blinking
 - Blank stare
 - Sudden stop in motion without falling
 - Lip smacking
 - Chewing motions
 - Finger rubbing
 - Small movements of both hands
- Following seizure there is no memory of the event(s)

Tonic Clonic or Grand Mal Seizures

- The tonic phase comes first.
 - All the muscles stiffen.
 - Student loses consciousness and may fall.
 - Student may bite their tongue or inside of their cheek. If this happens, saliva may look a bit bloody.
- After the tonic phase comes the clonic phase.
 - Student arms and usually the legs begin to jerk rapidly and rhythmically.

- Student's face may look dusky or a bit blue if they are having trouble breathing or the seizure lasts too long.
- The person may lose control of their bladder or bowel as the body relaxes and they may vomit.
- These seizures generally last 1 to 3 minutes. Afterwards, the person may be sleepy, confused, irritable, or depressed.

Focal or Simple Partial Seizures

- Involves one part of the brain
- May remain alert and able to interact, but not always.
- May be unable to move but still aware of surroundings.
- Involuntary movements like:
 - Rubbing hands
 - Lip smacking
 - Bicycling movement of legs
 - Last 30 seconds to 3 minutes
 - Can have multiple in a day

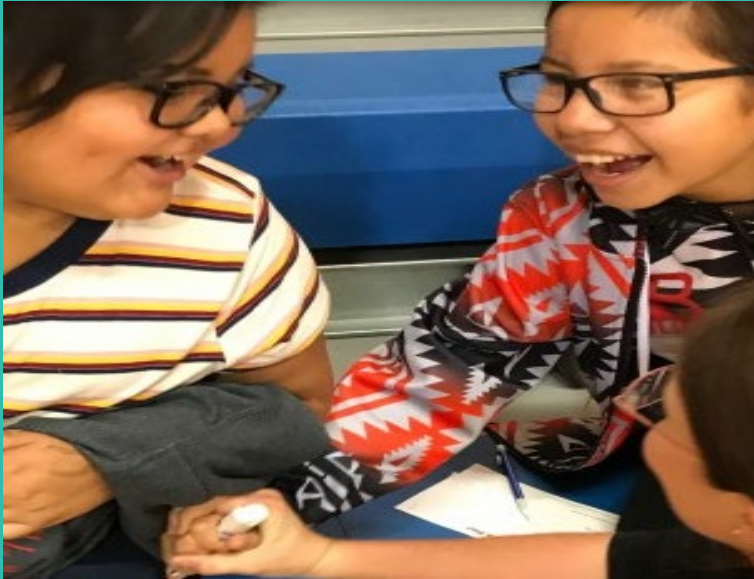
• Psychogenic Nonepileptic Seizures or PNES

- Looks like epileptic seizure but isn't
- Caused by a psychological factor
- Can be result of a traumatic experience
- Diagnosis is hard, requires an EEG and must include ruling out any physical disorder as cause.

Treatment can include:

- *Counseling
- *Cognitive Behavioral Therapy
- *Mindfulness Activities
- *Family Therapy
- *Medication to treat mental health condition

Seizure First Aid



- Notify office immediately, call eSchool Nurse
- Stay calm and track time and type of seizure, what body parts are involved
- Keep student safe
 - Lower to floor if needed
 - Place soft item under head if needed
 - Keep airway open and monitor breathing
- Do not attempt to restrain or hold them still
- Do not put anything in mouth
 - Other than Dr. ordered emergency medication

Seizure First Aid: After Care

- Turn on their side when seizure stops
 - They may vomit, this will help prevent choking
- Stay with student and continually monitor
 - Breathing, level of consciousness, additional seizure activity, any injury that may have occurred
- Give emergency medication as directed, if needed
 - eSchool nurse will help direct this care and administration
- Call 911 as needed
 - eSchool nurse will help determine if and when this may be needed
- Inform parent of all seizures



Emergency Medication Administration: Oral



- Buccal administration of Emergency Medication
 - Can be done with tablets or liquid
 - Can be given even if teeth are clenched
 - Insert syringe or tablet between teeth and check, along the gum line and allow to absorb.

Emergency Medication Administration: Rectal

- Rectal Administration
 - The rectum is the opening in the body where stool is passed.
- To Administer:
 - Gather supplies: Diastat rectal gel and lubricating jelly.
 - Remove cap from medication syringe and lubricate tip.
 - Lay child down and turn onto their side facing you.
 - Bend upper leg forward to expose rectum.
 - Separate buttocks and gently insert rectal tip into rectum.
 - Rim of the syringe should be snug against the rectal opening.
 - Slowly count to 3 while pushing the plunger until it stops.
 - Count to 3 again before removing syringe from rectum.
 - Count to 3 again while holding buttocks together to prevent medication from leaking out.
 - Keep child on their side, facing you and continue to monitor.
 - https://www.youtube.com/watch?v=R6gVnyi34_g

Emergency Medication Administration: Nasal

- Open, check dose with order.
- Remove from blister pack.
- Hold medication between your ringers with your thumb on the plunger. Do Not Push Plunger.
- Place the tip into one nostril until your fingers touch the outside of the nose.
- Press the plunger firmly with your thumb to deliver the dose.
- Remove from nose after dose is give and discard.
- Video:
 - <https://www.youtube.com/watch?v=j4Z7T64JHoE>



Nasal Administration

- A second way to deliver nasal medication for a seizure is demonstrated in the video below:
- https://www.google.com/search?q=videos+how+to+give+nasal+midazolam+for+seizures&rlz=1C1GCEU_enUS1040US1040&oq=videos+how+to+give+nasal+mid&aqs=chrome.4.69i57j33i160l2j33i299l2.13877j0j7&sourceid=chrome&ie=UTF-8#kpvalbx=_m-sAZMbPJcaVOPEPgPWPCA_55

School Specific Response Plan

- Medication trained response team
- How to notify them
- Back up if primary person is gone
- Keep Emergency Seizure Plan in the classroom, easily accessible by substitute staff and in office with emergency medication



Video Example

Here is a brief video of a tonic clonic or grand mal seizure and the initial care needed.

<https://www.youtube.com/watch?v=FBEj9H42fa4>

References

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