

Policy and
Guidance for
the Safe
Management
of Seizures

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POLICY AND GUIDANCE FOR THE SAFE MANAGEMENT OF SEIZURES

1.0 Introduction

1.1 This document sets out the policy and practice guidance regarding the support of children with epilepsy. It covers the safe management of seizures and the administration of rescue medication (Buccal Midazolam) and should be read in conjunction with the [Medication Policy](#).

1.2 This Policy has been written, reviewed and approved by:

- Epilepsy Nurse
- Westland Drive Registered Manager
- Director, Families and Wellbeing

1.3 Children using short break services or living in residential care are entitled to receive a similar type of care as they do at home. However, in order to protect staff and the children there needs to be clear guidance for staff and parent/carers. It must also be recognised that some of our practice is restricted in order to comply with current legislation.

1.4 Staff will inevitably be responsible for administering and overseeing medication and/or undertaking specific delegated health care tasks, such as administering 'rescue'

medication. The aim of this policy and guidance is to ensure that staff offer a high level of health care to the children using short breaks and living in residential care. Failure to adhere to this policy may lead to disciplinary action.

2.0 Legislation

2.1 This policy is in line with relevant legislation. The following is a list of legislation/guidance that has a direct impact on the handling of medication within residential care:

- Care Standards Act 2000
- The Medicines Act 1968 (revised 2006)
- The Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973 SI 1973 No 798 as amended by Misuse of Drugs Regulations 2001.
- The Health and Social Care Act 2001
- The Administration and Control of Medicines in Care Homes and Children's Services
- WBC Medication Policy.
- Childrens Homes Regulations (2015)

3.0 Designated Staff

3.1 The Childrens Homes Regulations state that first aid and the administration of medication must be given only by "**competent designated staff**".

3.2 In order to comply with this standard 'designated staff' will be the following:

- Staff who have attended Medicines Management training covering the key areas of receipt, storage and administration of medication and controlled drugs.
- Staff who have signed and agreed to adhere to the policy.

- Staff who have attended annual update sessions in Medicines Management.
- Staff who have attended annual epilepsy training and have been assessed as competent to administer Buccal Midazolam by the Community Nurse/Primary Health Care Team.
- Casual staff who have attended the above training, have signed the policy and have the specific agreement of the Registered Manager.

3.3 The designated person for a particular child must be identified at the beginning of the shift and their name recorded next to the child's name in the handover book.

NB: Agency staff should not, at any time, administer medication of any kind.

4.0 General Principles

4.1 The general principles applying to the administration of medication are:

- There should be a medical consent form (to administer rescue medication) on the child's file signed by a person with parental responsibility
- There should be a completed Health Action Plan on the child's file signed by the Prescribing Doctor/Specialist Nurse Practitioner. The document should be reviewed, at least annually.
- There should be a Medication Administration Record (MAR) completed by the child's parent/carer prior to a child's stay for a short breaks stay.
- The MAR record should be initialled by staff when medication is given.
- Where there is a discrepancy between the medication label and what parents/carers are asking us to administer advice/consent should be gained from the Prescribing Doctor/Specialist Nurse Practitioner.

4.2 When in doubt ask for advice from the manager/on call manager.

5.0 Epilepsy: background information

5.1 Epilepsy is a condition of the nervous system which causes seizures. A seizure happens when the nerve cells in the brain stop working in harmony and the brain's messages become mixed up. A seizure can affect part of the brain or the whole brain. The most common types of seizure are:

- **Tonic-clonic (previously known as grand mal).**

Tonic-clonic seizures are the most recognised type of seizure. During this type of seizure the child will lose consciousness. Their body will go stiff and their limbs will jerk. They will regain consciousness once their seizure is over but they may be tired and disorientated for many hours after. There is a risk of asphyxia and aspiration if the child's airway is not kept clear during a seizure, as well as possible injury to limbs due to involuntary spasms during a seizure. It is crucial that staff follow the Standard Operating Procedures for the Safe Management of Seizure. **If this is the child's first seizure call for an ambulance immediately.**

- **Absence seizures (previously known as petit-mal).**

During this type of seizure the child will very briefly lose consciousness and will appear to be daydreaming for a few seconds. A child who has this type of epilepsy may experience seizures many times a day. No specific first-aid treatment is required for this type of seizure.

- **Complex partial seizures**

This type of seizure is often difficult to spot. The child will not be fully aware of what is happening. They may be doing things repeatedly such as rubbing their hands or swallowing. This type of seizure may be misinterpreted as bad behaviour. No specific first aid treatment is required. Do not try to restrain the child unless they are in immediate danger they may not recognise you and become frightened.

- **Myoclonic seizures**

During this type of seizure the child's muscles will jerk. It can affect any muscles in the body but most commonly affects the muscles in the arms. Myoclonic seizures are most common in the morning. They may cause tiredness and lack of concentration. No specific first aid treatment is required but the child may need reassurance if distressed.

- **Atonic seizures**

Atonic seizures affect the muscle tone which results in the child falling to the floor. No specific first aid is needed, unless the child injures themselves during the fall.

6.0 Medication

6.1 The majority of children with epilepsy will take anti-epileptic medication to help control their seizures. The medication should be given in accordance with the Medication Policy.

7.0 Emergency Intervention

7.1 Some children with epilepsy may be fitted with a Vagus Nerve Stimulator (VNS). A VNS is a small generator which is implanted under the skin below the left collar bone. The VNS stimulates the nerve at set intervals to reduce the frequency and intensity of seizures. When a member of staff senses that a seizure is about to start they can swipe a magnet over the chest where the VNS is implanted. This will hopefully have the effect of stopping the seizure. Staff should refer to individual Health Action Plans for how to use the magnet and any subsequent emergency intervention.

8.0 Emergency Medication

8.1 The only time medicine may be urgently needed by a child is when their seizure fails to stop after the usual time or they have a series of seizures. Staff should refer to the child's Health Action Plan for details of when to administer the medication. An ambulance should be called if for any reason emergency medication cannot be administered.

8.2 There are two types of emergency medication which can be administered by designated staff:

- **Buccal Midazolam**

Buccal Midazolam is an emergency rescue medication prescribed under licence by a doctor to stop a seizure. It is administered between the gums and cheek.

See Standard Operating Procedures for the Administration of Buccal Midazolam.

Buccal Midazolam can have side effects which include

- ✓ Drowsiness and sedation.
- ✓ Amnesia or short-term memory loss. The child may not remember having a seizure.
- ✓ Breathing difficulties. It is unlikely that the child will have breathing difficulties if the medication is given at the correct dosage. If breathing difficulties do develop call 999 for an ambulance immediately.
- ✓ Restlessness, agitation and disorientation. These very rarely occur as a side effect of the medication but can be present following a seizure.

9.0 After Care

9.1 The following actions should be taken:

- Continue to monitor the child to make sure they are recovering and breathing well. Stay with them and offer reassurance. It is likely that they may feel sleepy,

disorientated and be experiencing short-term memory loss. **Do not give food or drink until the child is fully awake and alert.** Refer to the child's Health Action Plan and Epilepsy Risk Assessment for details of how they usually respond after a seizure.

- If at any time you are concerned about the child, seek immediate medical advice.
- Record details of the seizure i.e. length of time and observations on the child's seizure chart.
- Complete the MAR chart if any emergency treatment has been given.
- Ensure that any used syringes and gloves are disposed of safely. Syringes should be placed in the yellow 'Sharps' bin.
- Contact the parents/carers at the earliest convenience (taking into consideration time of day, whether the parents are away etc.).
- Record details of the seizure in the child's home/school book together with information about any rescue medication that may have been given.
- Consider whether or not the child is well enough to go to school.

10.0 References

Joint Epilepsy Council (2009)

Procedure Guidance for the Administration of Rectal Diazepam and Safe Management of Seizures in Children (2006) - Warrington Primary Care Trust, Paediatric community Nursing Team.

Epilepsy Action – Epilepsy Policy for Schools (2009)

Policy for the Administration of Buccal Midazolam (2007) – North Cheshire Hospitals NHS Trust.

Eastern Paediatric Epilepsy Network – Buccal Midazolam (a parent/carers guide to administration) (2008)

Epilepsy Society – emergency medication and status epilepticus (2009)

Standard Operating Procedures for the Administration of Buccal Midazolam

1. **Note the time of the seizure** – this will allow the seizure to be accurately timed for medication purposes.
2. **Lay the child flat on the ground, in a safe place, only move if in danger and do not restrain movements** – this will prevent injury from falling and keep them safe until recovered.
3. **Put a cushion or something soft under their head or your forearms if nothing else is available** – this will prevent injury to the head and face.
4. **Lean the child/young person's head to one side to open the airways, do not force anything into their mouth** – this will prevent asphyxiation during seizure and unconsciousness.
5. **Stay with the child/young person** – monitor their seizure, maintain airway and keep them safe.
6. **Note the time again, call for assistance and any rescue medication** – monitor the time of the seizure and prepare for administering rescue medication (after the specified period of time outlined in the child/young person's Health Action Plan).
7. **Put gloves on**
8. **Check the medication against the MAR sheet and ensure that it belongs to the child and that it is in date.**
9. **Remove the pre measured medication from the plastic cover, remove the top cap.**
10. **Support the cheeks/lips whilst giving the midazolam, use a tissue to wipe the mouth** – this will reduce the amount of leakage.
11. **Place the nozzle of the syringe between the lower gum and cheek (buccal cavity). Squirt the contents of the syringe into the mouth very slowly (a drop at a time, over 30-60 seconds) then remove the syringe.**
12. **Move the child/young person into the recovery position.**
13. **Stay with the child/young person until they are fully recovered.**

- 14. Document all events clearly on the seizure chart.**
- 15. Complete the MAR record.**
- 16. Dispose of all equipment safely.**
- 17. Contact parents/carers at the earliest opportunity** (taking into consideration the time of day, whether the parents/carers are away etc.)
- 18. Do not give the child/young person a drink until they are fully recovered.**

IF THE SEIZURE LASTS FOR MORE THAN FIVE MINUTES AFTER THE ADMINISTRATION OF MIDAZOLAM OR YOU ARE CONCERNED FOR THE CHILD/YOUNG PERSON'S SAFETY YOU SHOULD RING 999 FOR AN AMBULANCE.