

# Seizure Emergencies in School

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**Developed by the**

**School Health Nurse Advisory Committee**

**School Nursing/School Health Program in the**

**Alaska Division of Public Health**



**School Age & Adolescent Health Unit**

**Section of Women's Children's & Family Health**



# Procedure for Managing a Seizure

*Remain calm. No one can stop a seizure once it starts.*



# Procedure for Managing a Seizure

- Time the seizure. Document\* all of student's activity during a seizure:



- Time seizure began and when it ended
- Area of body where seizure began
- Any movement of seizure from one area of body to another
- Type of movements of the head, face, and/or arms.



\* See sample Seizure Observation Record – Appendix E-3  
School Age & Adolescent Health Unit

Section of Women's Children's & Family Health



# Procedure for Managing a Seizure

- Check for medical alert I.D. and follow the student's Individualized Healthcare Plan (IHP) and Emergency Care Plan (ECP)/Seizure Action Plan.



- Remain with student during the seizure to monitor progress and safety.
- Put on gloves, if available.

# Procedure for Managing a Seizure

- Place student on side. If possible, put something flat and soft under student's head (positioning prevents tongue from blocking airway and helps student not to choke on secretions).
- **DO NOT PLACE ANYTHING IN THE STUDENT'S MOUTH.**



# Procedure for Managing a Seizure

- Loosen tight clothing, especially around the student's neck.
- If student is standing or sitting, gently lower student to ground to avoid fall.
- **Do not restrain student** or use force.
- Do not remove from wheelchair unless necessary.



# Procedure for Managing a Seizure

- Clear the area of anything that could hurt student.
- Do not give oral medications, food or drink during a seizure.
- Provide emotional support.



# Procedure for Managing a Seizure

After a seizure:

- Keep student on his/her side. Clear secretions from student's mouth with bulb syringe or suction catheter.
- Monitor student's breathing. Check position of head and tongue. Reposition head if is hyperextended.
- Talk with student to determine student's level of awareness. Note if the student is alert, confused, drowsy, etc. and document findings.



# Procedure for Managing a Seizure

After a seizure:

- If the student remains unconscious after the seizure is over, maintain open airway and assess breathing. If necessary, begin rescue breathing or CPR.



# Procedure for Managing a Seizure

After a seizure:

- Determine and document whether or not student is able to move arms and legs, or if change in ability to move.
- Check for injuries and provide care, if needed.
- Check for loss of control of urine and stool. Provide privacy.



# Procedure for Managing a Seizure

After a seizure:

- Remain with student until fully aware of their surroundings. Make student comfortable; allow sleep as needed (could sleep for 30 minutes to a number of hours).
- Do not give food or liquids until fully alert and swallowing reflex has returned.



# Procedure for Managing a Seizure

After a seizure:

- Document length of seizure and what happened during and after seizure.
- Notify school nurse, family and/or healthcare provider. Follow the IHP/ECP to determine disposition of student post-seizure.



# Seizure Emergencies

Most seizures are not medical emergencies but **emergency services should be called if:**

- Student stops breathing
- Seizure lasts longer than 5 minutes
- This is first seizure for student
- Repeated seizures without gaining consciousness



# Seizure Emergencies cont.

- Student cannot be awakened and is unresponsive to pain after seizure ends
- Pupils are not equal in size after seizure
- There is evidence of student injury
- Student has diabetes or is pregnant
- Seizure occurs in water



# Seizure Emergencies

**Status Epilepticus** = seizure activity lasting longer than 30 minutes or a series of seizures lasting longer than 30 minutes without full recovery of consciousness between seizures. Status epilepticus can lead to respiratory failure, brain damage and death.



# Seizure Emergencies

Reducing the time between seizure onset and medical treatment will significantly improve a student's outcome.

Medical intervention may involve administering rectal medication if the child experiences prolonged or repetitive seizures.



# Review the Seizure Action Plan

**EPILEPSY FOUNDATION**  
Not another moment left to seizure

## Seizure Action Plan

Effective Date \_\_\_\_\_

**This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Treating Physician \_\_\_\_\_ Phone \_\_\_\_\_

Significant Medical History \_\_\_\_\_

Seizure Information			
Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: \_\_\_\_\_ Student's response after a seizure: \_\_\_\_\_

**Basic First Aid: Care & Comfort**

Please describe basic first aid procedures: \_\_\_\_\_

Does student need to leave the classroom after a seizure?  Yes  No

If YES, describe process for returning student to classroom: \_\_\_\_\_

**Emergency Response**

A "seizure emergency" for this student is defined as: \_\_\_\_\_

**Seizure Emergency Protocol**  
(Check all that apply and clarify below)

Contact school nurse at \_\_\_\_\_

Call 911 for transport to \_\_\_\_\_

Notify parent or emergency contact

Administer emergency medications as indicated below

Notify doctor

Other \_\_\_\_\_

**Basic Seizure First Aid**

- Stay calm & track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure in log

**For tonic-clonic seizure:**

- Protect head
- Keep airway open/watch breathing
- Turn child on side

**A seizure is generally considered an emergency when:**

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

Treatment Protocol During School Hours (include daily and emergency medications)			
Emerg. Med. <input checked="" type="checkbox"/>	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does student have a Vagus Nerve Stimulator?  Yes  No If YES, describe magnet use: \_\_\_\_\_

**Special Considerations and Precautions (regarding school activities, sports, trips, etc.)**

Describe any special considerations or precautions: \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

DPC772

- ✓ Administer emergency medications as indicated below
- ✓ Emergency medication = Diazepam rectal gel



# Diazepam Rectal Gel

- FDA-approved, effective treatment for acute repetitive or prolonged seizures.
- Intravenous diazepam can cause respiratory depression; no instances of serious respiratory depression has been found in published studies of rectal diazepam.



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# Diazepam Rectal Gel

- Most common side effect is sleepiness.
- Other side effects: dizziness, headache, poor coordination, pain, nervousness, slowed speech, diarrhea, and rash.



# Diazepam Rectal Gel

- Most commonly prescribed form of rectal gel is Diastat<sup>®</sup> that comes pre-packaged as a quick delivery set in a syringe with a flexible, molded tip.
- Diastat Acudial 10 mg or 20 mg syringes are dialed and locked to the prescribed dose. A 2.5 mg Diastat syringe is also available.
- Can be stored for 3 years at room temperature.



# Diazepam Rectal Gel

- Seizure requiring diazepam rectal gel can occur anywhere.
- Measures should be taken to protect privacy of the student as much as possible.



# Diazepam Rectal Gel

- Diazepam rectal gel can be given by a registered nurse or delegated by the parent to trained school staff. Should only be given by trained staff.
- Guidelines for who, when and how the medication should be administered should be addressed in the student's IHP/ECP.



# Procedure for Administration

## PREPARATION

1. Review the student's ECP/Seizure Action Plan to identify when procedure is indicated.
2. If procedure is indicated, call or send someone to call emergency medical services (911) and activate the school emergency plan.



# Procedure for Administration

*911 should be called and the emergency plan activated whenever diazepam rectal gel is given by school personnel*



# Procedure for Administration

## PREPARATION CONT.

3. Review procedure prior to administering.
4. Verify the medication order and dose. Verify dial is set to the proper dosage. *Be sure the green rediband is visible.* Ensure that it has been stored properly and has not expired.
5. Obtain assistance of another adult, if possible.
6. Reassure and calm the student.



# Procedure for Administration

## ADMINISTRATION

1. Gather supplies. Wash hands. Put on gloves.
2. Turn student on side (left side preferable) facing you. Maintain open airway.



# Procedure for Administration

## ADMINISTRATION CONT.

3. Drape for privacy and remove enough clothing to access the buttocks.
4. Remove protective cover of diazepam rectal gel by pushing up on cap with thumbs.



# Procedure for Administration

## ADMINISTRATION CONT.

5. Lubricate the rectal tip with lubricating jelly.
6. Bend upper leg forward and separate buttocks to expose rectum.



# Procedure for Administration

## ADMINISTRATION CONT.

7. Gently insert syringe tip into rectum. Rim should be snug against the rectal opening.
8. Slowly count to three while gently pushing the plunger.



# Procedure for Administration

## ADMINISTRATION CONT.

9. Count to three again before removing syringe.
10. Hold buttocks together while counting to three one more time.
11. Note the time medication was given.
12. Remove gloves and wash hands.



# Procedure for Administration

## POST- ADMINISTRATION

1. Stay with the student, maintain them on their side in recovery position and monitor them until EMS arrives.
2. Monitor the student for side effects, seizure activity, airway and breathing.
3. Begin CPR immediately if the student stops breathing.



# Procedure for Administration

## POST- ADMINISTRATION CONT.

4. Reassure student while he/she regains consciousness. Expect seizure activity to continue 5-15 minutes.
5. Send used diazepam rectal gel dispenser with EMS or dispose of it in trash after emptying any remaining gel per manufacturer instructions.



# Procedure for Administration

## POST- ADMINISTRATION CONT.

6. Notify parents and school nurse.
7. Document administration of diazepam, student's response and activation of the emergency plan.



# Summary

- Follow procedure for managing a seizure including timing the seizure and documenting appropriately.
- Place the student on their side. Monitor breathing. Remain with the student.
- Protect the student from injury during a seizure. Do not restrain them or use force.
- Know when to call for emergency services. Know when to give emergency medications. Follow the student's seizure action plan.



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