**General Basic Epilepsy Awareness: Handout**

**Epilepsy –** Chronic Neurological Condition that is characterised by a tendency to have repeated seizures

**Seizures –** Sudden burst of electrical activity within the brain of which there are 60 different types within 2 main sub groups; focal and generalised

* **Focal Seizures :-**
	+ Involve 1 hemisphere of the brain
	+ Symptoms and level of consciousness depend on area of brain affected
	+ Children can still hear what’s going on whilst having a focal seizure
	+ Note time seizure starts and how long it lasts for
* **Generalised Seizures:-**
	+ Involve both hemispheres of the brain
	+ Medical emergency if it lasts longer than 5 minutes
	+ Note time seizure starts and how long it lasts for

Seizures can be potentially triggered by illness, temperature, tiredness, excitement, fear, pain and missed medication though many children do not have particular triggers.

**Anti-epileptic Drugs (AEDs) –** most seizures can be controlled with AEDs to reduce or prevent abnormal electrical activity

**Seizure Management**

|  |  |
| --- | --- |
| FOCAL | GENERALISED |
| * Reassure and talk calmly
* Check for injury if fallen over
* Guide away from harm
* Do NOT restrain
* Accompany at all time whilst awaiting full recovery
* Note time seizure starts and how long it lasts for
 | 1. Call for help and note the time2. Cushion head, do not move3. Do NOT restrain4. As seizure stops – roll into recoveryposition to maintain airway5. Maintain dignity at all times6. Give reassurance until fully recovered7. Do not give food or drink until fully recovered |

**DOCUMENT ALL OBSERVATIONS BEFORE, DURING AND AFTER SEIZURES**

All children who require emergency medication; **Midazolam,** for prolonged seizures will have a Seizure Management Plan signed by a Paediatrician, parent/guardian and Specialist Epilepsy Nurse/Epilepsy team.

**Administration of Buccal Midazolam**

1. Take the syringe out of sealed tube, take red cap off – ensuring inner cap has come off as well.

2. Wipe away any excess saliva or vomit from around the outside of the mouth.

3. Open the mouth by gently pushing down on the chin or gently pulling back the cheek.

4.Insert the tip of the syringe carefully between the lower gum and the inside of the cheek.

5. Very slowly press the plunger of the syringe – if possible administer roughly half of the liquid on one side, then repeat the process in the opposite cavity, ensuring the syringe is emptied

5. Squeeze syringe slowly. Administer half the liquid, then repeat the process in the opposite cavity.

6. Do not massage gums.

7. Make a note of the time midazolam was given.

8. Recovery position after the seizure has stopped.

Administration Video (Buccolam):

<https://www.buccolam.co.uk/patient-about-buccolam>

Administration Video (Epistatus):

[About Epistatus – Epistatus](https://epistatus.co.uk/patients-and-carers/about-epistatus/)

**Storage of medication**

* All medication has clear pharmacy label with child’s details and directions of use
* Medication kept in labelled box or bag and is in date with intact seal
* Copy of management plan kept with medication care plan (must be signed by parent and either paediatrician or epilepsy nurse)
* Box/bag within close proximity of child but out of reach of other children - Midazolam is a controlled drug and should not be carried around school by a minor.

**Responsibilities of schools**

* Keep staff up to date with relevant awareness session
* Be aware of all children with epilepsy within school
* Complete risk assessments for any activities
* Record and report any seizure activities

**Useful links**

NHS Choices [www.nhs.uk](http://www.nhs.uk/)

Young Epilepsy  [www.youngepilepsy.org.uk](http://www.youngepilepsy.org.uk/)

Epilepsy Action [www.epilepsy.org.uk](http://www.epilepsy.org.uk/)

Epilepsy Society [www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk/)

Buccolam [www.buccolam.co.uk](http://www.buccolam.co.uk/)

Epistatus <https://www.epistatus.co.uk/>