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EPILEPSY, MIDAZOLAM and SEIZURE MANAGEMENT PLAN

Epilepsy and Seizure Management Plan

Epilepsy is a neurological disorder marked by sudden recurrent episodes of sensory disturbance, loss of consciousness, or convulsions, associated with abnormal electrical activity in the brain.

Seizure is an event and **epilepsy** is the disease involving recurrent unprovoked seizures. **Epilepsy** is characterized by recurrent seizures, which are misfiring's of the brain's electrical system.

Focal Seizures: Focal seizures (previously called partial seizures) start in one part of the brain and affect the part of the body controlled by that part of the brain. The symptoms the person experiences will depend on the function that the focal point is associated with or controls. The seizure may involve the involuntary movement or stiffening of a limb, feelings of déjà vu, an unpleasant smell or tastes, or sensations in the stomach such as butterflies or nausea. The seizure usually lasts less than two minutes.

Generalized seizures: Primary generalized seizures involve the whole brain and therefore involve the whole body. There are many types of generalized seizures – some convulsive, others non-convulsive.

Myoclonic seizures: **Myoclonic** seizures are brief, shock like jerks of a muscle or a group of muscles, usually lasting no more than a second or two, which at times can result in a fall. There can just one, but sometimes many will occur within a short time (clusters)

Tonic Clonic seizures (previously called grand mal seizures): During a tonic clonic seizure a person's body stiffens, air being forced past the vocal cords causes a cry or groan and they fall to the ground (the tonic phase). Their limbs then begin to jerk in strong, symmetrical, rhythmic movements (the clonic phase). The person may dribble from the mouth. Go blue or red in the face or lose control of their bladder and/or bowel as the body relaxes.

Prolonged seizures, or a series of seizures without a normal break in between, indicate a dangerous condition called convulsive **status epilepticus** and demands emergency treatment.

Absence seizures (previously called petit mal seizures): These brief, non-convulsive events involve the whole brain and usually occur in children. With this type of seizure, the person's awareness and responsiveness are impaired, they simply stare and their eyes might roll back or their eyelids flutter.

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It can be difficult to tell the difference between absence seizures and daydreaming. However, absence seizures start suddenly, cannot be interrupted, last a few seconds, and then stop suddenly. And the person resumes what they are doing. Although these seizures last less than 10 seconds, they can occur many times daily, disrupting learning.

First Aid for Epilepsy

1. Time the seizure

2. Protect from injury

- remove hard objects from the area
- place something soft under their head
- loosen any tight clothing

3. Gently roll the person onto their side

- as soon as it is practical to do so

4. Reassure & re-orientate

- as the person regains consciousness

5. Stay with the person

- until the seizure ends & they are fully alert

Call Ambulance if:

If the person is having more seizures than is usual for them or lasting longer than usual Seizures

- If the person is injured or goes blue in the face
- If the seizure occurs in water or the person is eating or drinking at the time
- If the person is pregnant or has diabetes
- You know, or believe it to be, the person's first seizure
- You feel uncomfortable dealing with the seizure

Seizure Management Plan

Lifestyle Attendants/Support Workers must:

- Follow Seizure management plan as provided by the service provider. The plan is to include actions on any incident that is outside the scope of practice or any situation and or emergency. A Doctor or Clinical Nurse is to be contacted immediately for guidance and assistance. All incidents are to be documented.
 - Report to their supervisor of any changes or variations for advice
 - Not change the plan
- Complete competency training and assessment by the service provider.

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- Document event in Client's Communication diary or care plan.

Lifestyle Attendants **must not:**

- Force the victim's mouth open nor attempt to insert any object into the mouth.
- Attempt to give any food or fluids to Client until they are fully awake.
- restrain client's movements during seizure.

Administration of Midazolam

If the Customer/Client has a seizure management plan in place this may include the use of Intra Nasal Midazolam

What is Midazolam?

Midazolam belongs to a group of medications called Benzodiazepines. It is a short-acting sedative that can be used in the emergency treatment of seizures.

Midazolam is prescribed for some people who experience severe, cluster or prolonged seizures, which may develop into status epilepticus. Outside of the hospital setting, it is given via the nose (intranasal).

Why is Midazolam given into the nose?

This delivery route has several advantages:

- The nose is a very easy access point and practical for medication delivery outside the hospital setting.
- It works relatively quickly. The nose and mouth are covered by mucus membrane and have a very good blood supply for rapid absorption.
- No needles or injections are needed.
- It's proven to be an effective, fast and safe way to administer Midazolam.

What is the Doctors Role?

The Doctor is to provide written instructions that cover:

- The person's details, including known allergies
- A clear description of the seizures for which the Midazolam has been prescribed
- The prescribed dosage to be given
- When and how Midazolam is to be given
- At what stage of the seizure or procedure is an ambulance to be called

What is Your Role?

Your Role is to ensure that:

- Can provide effective First Aid to someone having a seizure
- Can recognise that the person(s) for which Midazolam has been prescribed

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- Understand the Doctor's written instructions – if unsure ask the Doctor to explain
- Are trained to give Midazolam and that your training is reviewed bi-annually
- Are competent in performing seizure First Aid and CPR should it be required.

What to do?

- Remain Calm
- Stay with the person
- Time the seizure
- Protect the person from injury
- Identify that the seizure activity matches the description for which Midazolam had been prescribed.
- Prepare the Midazolam for administration
- Place on PPE
- Give the Midazolam and/or call an ambulance as stated in the Doctor's written instructions

Midazolam Packaging

Midazolam for intranasal administration comes in a plastic ampoule with a twist top that is easily removed labelled with:

- Medication name – brand and generic
- Dose (mg) and volume of solution (ml)
- Expiry date
- These ampoules are labelled "for flow IV or IM injection" but are also suitable for intranasal use

Administration

1. Check the seizure is still active
2. Position the person on their back so that their head is tilted back. This may require placing a pillow under the shoulders
3. Lift the tip of the nose and hold the ampoule over one nostril, gently squeeze and drip the Midazolam, 2-3 drops at a time into one nostril, then the other nostril until the prescribed dose has been given.

After Administration

1. Place the person on their side in the recovery position
2. Stay with the person until they have recovered
3. Monitor breathing
4. Document when and how much Midazolam has been given.
5. Perform Hand Hygiene.

If you are in any doubt about what to do, or if an injury occurred Call 000