

Seizure Management – Information for parents and carers

Addressograph	
Name:	_____
Address:	_____

DOB:	_____/_____/_____
NHS No.	_____



Signature of care givers

Name (printed)	Signature	Designation

The aim of this leaflet is to ensure that parents/carers will feel safe and confident in giving care to a child who has a convulsion, also known as seizures or fits.

Before you take your child home the staff will:

- Give you appropriate information about your child's condition. You will be given a care plan to take home with you for the professionals involved in your child's care to record care given.
- Ensure that you and anyone involved in caring for your child has adequate training in how to manage convulsions.
- Advise you when to administer drugs in an emergency.
- Advise you about management of a fever to avoid a febrile convulsion.

If you require any advice or information please contact Children & Young Peoples Home Care Team (CYPHCT) on 01270 612475 / 612071.

How to manage a convulsion

Follow the actions outlined below to prevent the child from coming to harm and to monitor the convulsion. Your child's individual needs will be recorded in their care plan.

If the convulsion lasts for more than 5 minutes follow the emergency action plan.

Equipment - Access to a telephone

Action	Rationale
The child should be placed in a safe position away from objects that may cause injury ensuring that the airway is clear. If they are on the floor, place them on their side.	To maintain the child's safety and prevent harm. To maintain a clear airway.
To ensure the child's privacy by asking onlookers to move away.	To maintain the child's dignity.
Support the child's head with your hand or put a soft cushion in place, loosen clothing and remove glasses etc.	To prevent head injury and maintain airway.
The child should not be restrained in any way and no objects placed in their mouths.	To prevent harm. To prevent damage to teeth.
Stay with the child and call for assistance if available. The child should not be left alone during a seizure.	To monitor the convulsion and provide support.
Make a note of the exact time the convulsion started and observe the convulsion type.	To recall and report the convulsion to the appropriate person in charge.
After the convulsion has stopped, maintain the child on their side, in the recovery position. Observe closely.	To maintain the child's airway.
Stay with the child and talk quietly until they have recovered. If the child has been incontinent they may need a change of clothing.	To reassure and orientate the child to their surroundings.
Nothing to eat or drink until the child is completely alert.	To prevent the child from choking.
All convulsions must be reported to the parents/medical staff with a clear description of events written in the care plan.	To ensure continuity of care and to maintain the wellbeing of the child.

How best to record a seizure

There are some key questions, which need to be answered when a child has a seizure and these could be recorded and reported to the parent/guardian.

- What was the date and exact time of the onset of the seizure?
- Where the child was at the time of the seizure and what were they doing?
- Did you notice any change of mood? (Anger / excitement / stress)
- What called your attention to the seizure? (a cry, fall, stare, head turn, breath holding)
- Was there any alteration in their level of consciousness?
- Did their breathing change or any change in their colour?
- Did the child's body become limp/stiff?
- Was the child incontinent of bladder or bowel?
- How long did the seizure last?
- Did any injuries result from the seizure? (bite their tongue, head injury)
- How did the child behave after the seizure? (alert, drowsy, aggressive, confused)
- Did the child sleep after the seizure? If so, for how long?
- How long before normal activities were resumed?
- Did the child have any recollection on the seizure or any unusual sensations prior to the seizure? (odd taste or smell)
- Any other observation associated with the seizure of importance?

Please see below an example of a **Seizure Diary**:

Date / Day	Time	Place	What happened?

During focal seizures

As these seizures take many forms, the response of the carer will need to vary.

Carer to get a description of the child's special focal seizure from the parent.

These are some simple guidelines:

1. Gently protect the child from obvious dangers i.e. roads, water etc.
2. Speak gently and calmly to the child to help them to re-orientate to their surroundings
3. **Do not** try to stop focal seizures. If one seizure follows another summon medical assistance.
4. **Do not leave the child** as a convulsive seizure can occur at the end of a focal seizure.

CALL AN AMBULANCE IF:

- It is the child's first seizure.
- The seizure lasts more than 5 minutes and no rescue medication is available.
- One seizure follows another without the child regaining consciousness (status epilepticus).
- The child is badly injured during a seizure.

Procedure for administration of Buccal Midazolam

You will have been given an individual care plan for your child, describing the typical seizures your child has and guidance on when to give Buccal Midazolam.

The information below describes how to safely administer medication to stop your child's convulsion.

An ambulance must always be called if any injuries/breathing difficulties occur.

Equipment:

- Prescribed medication – labelled with date of expiry and clearly with child's name.
- Tissues

Doses

Always give the prescribed amount of Buccalam Oromucosal. A single prefilled syringe as provided.

Prescribed dose:	Amount of liquid
2.5mg	0.5ml
5.0mg	1.0ml
7.5mg	1.5ml
10.0mg	2.0ml

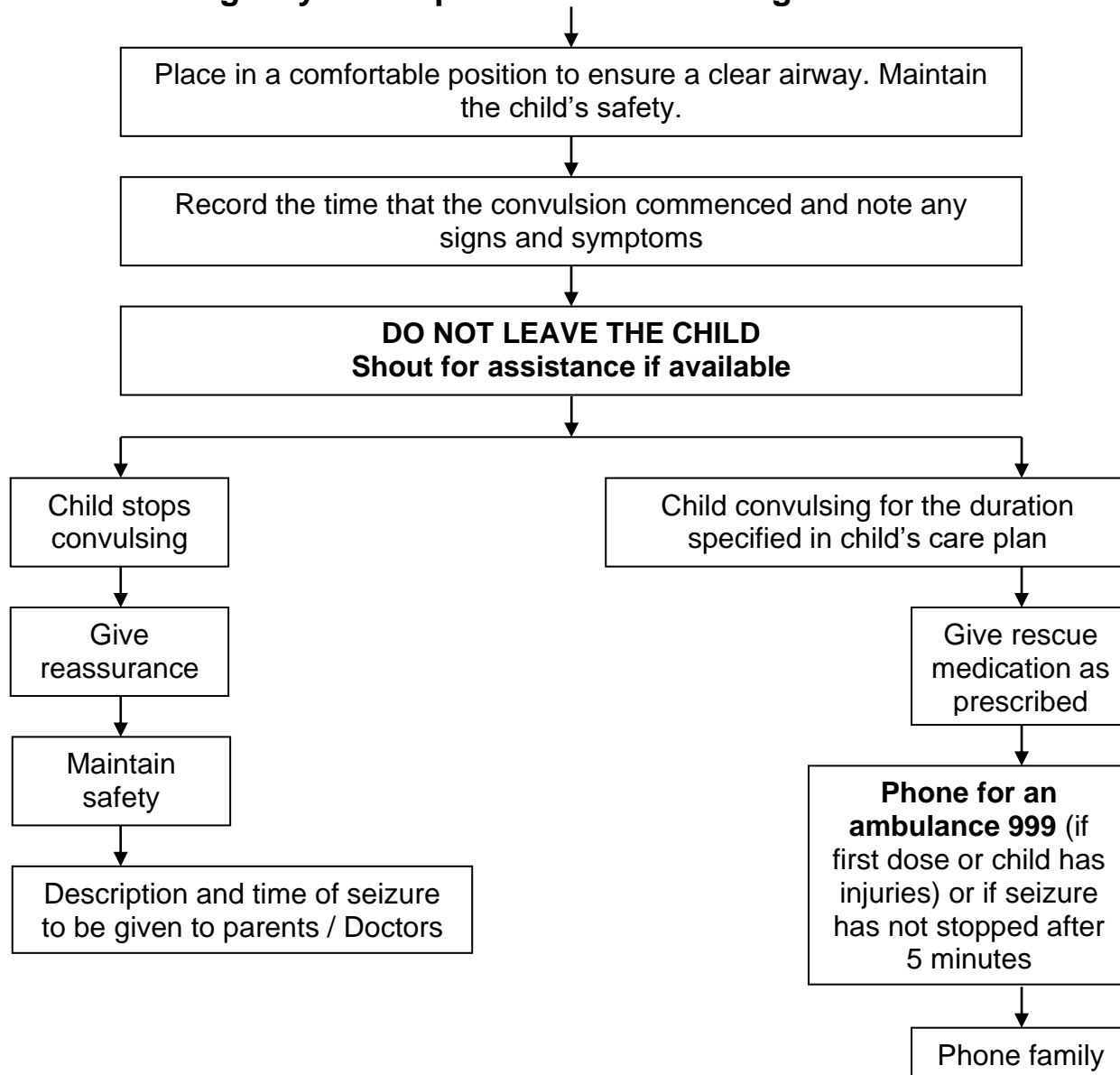
Action	Rationale
Assess the child according to their care plan for the need to administer Buccal medication.	To ensure medication is only given if necessary.
The child can be sitting or lying on their side but not lying on their back.	There is risk of choking if the child is lying flat on their back.
Talk to child and maintain their privacy and dignity.	To reassure the child.
Remove one tamper-proof plastic tube containing prefilled syringes, and break the seal, remove the syringe. Remove and discard the red cap from the syringe.	To allow you to be ready to give the correct dose of prescribed medication.
<ul style="list-style-type: none"> • Gently insert the syringe between the lower gums and cheek (buccal cavity). • Push the syringe to release the medication and gently massage the cheek, until half the amount is given. • Then immediately administer the remaining dose into the other cheek. • If this is not possible, or only a small dose is prescribed, then administer the whole dose to one side. 	<p>Safe insertion of the nozzle into the correct place.</p> <p>To aid absorption and avoid choking.</p>
Remain with the child until the convulsion stops or medical help arrives.	To maintain safety and observe progress of convulsion.

Action	Rationale
Record result, dose and time given and any side effects in the care plan. Notify parents/medical staff.	To ensure continuity of care.
Dispose of the used equipment into rubbish bin.	Safe disposal of equipment.

Side Effects

Side effect	Action
Drowsiness and sedation.	Recovery is usually fast, however if you are concerned that your child is not recovering as quickly as expected, contact CAU on 01270 612073.
Amnesia or short term memory loss – your child may not remember having had a seizure.	Give reassurance and orientate to time, date and place.
Breathing difficulties – your child is unlikely to have breathing difficulties if midazolam is given at the correct dosage.	If breathing difficulties do develop call an ambulance by dialling 999.
Restlessness, agitation and disorientation – these can occur, but are usually rare.	Talk to, comfort and reassure your child.

Emergency action plan for a child having a convulsion



Certificate of Instruction

Child and Adolescent Unit

**Children and Young
People's Home Care Team**

Patient's name: _____ **DOB:** _____

I agree that I have received written guidelines and been instructed how to:

and now feel confident and competent to carry out this procedure/treatment.

I understand what problems may arise and what to do if they occur.

Parent / legal guardian / patient's signature: (print & sign)

Date: _____

Signature of registered nurse assessing competency: (print & sign)

Date: _____

Date for review: _____

Review Date

Parent / legal guardian

Nurse assessor

Name/NMC Stamp
Role
Signature

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