Seizure rescue medication: training unlicensed assistive personnel to administer seizure first aid, interventions, and rescue medication in the school setting

as outlined in UCA 53G-9-505

Utah Department of Health & Human Services

EPILEPSY FOUNDATION UTAH

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Intermountain Primary Children's Hospital

Seizure: uncontrolled electrical disturbance in the brain.

- Most seizures stop without intervention and do not cause injury.

- Some seizures do not stop without intervention and can lead to brain damage.

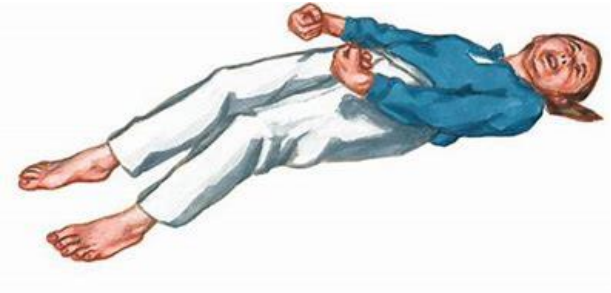
Different types of seizures

Some seizures manifest as blank stares or daydreaming.

Some involve repeated movements or movement that affects only one side of the body.

Other seizures such as generalized (grand mal, tonic-clonic) cause

- Full body with stiffening, twitching, loss of consciousness



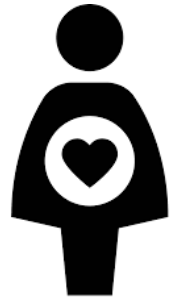
First aid for all seizures

- Stay calm
- Note time seizure starts
- Protect person from injury by moving or cushioning objects nearby
- Lower person to the floor
- Place something soft under the head
- Turn person onto side
- Do not hold person down
- Do not put anything in the mouth
- Notify parent

Seizures are a medical emergency if the person:

- Has epilepsy and seizure doesn't stop after an extended amount of time (5 minutes).
- Has NO KNOWN history of seizures.
- Is injured, ill or hit in the head and has a seizure.
- Has diabetes.
- Is pregnant.
- Is in the water.

For any of these situations Call 911



One or more of the following interventions or medications has been prescribed for a student in your care.

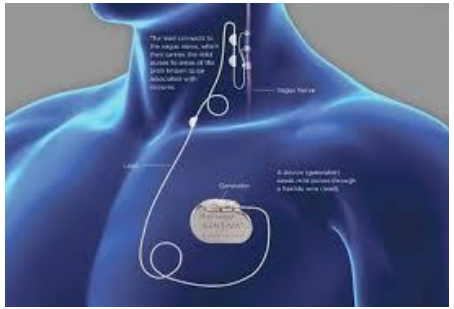
- Neurostimulation
  - Vagus Nerve Stimulator (VNS)
  - Responsive Neurostimulation (RNS)
  - Deep Brain Stimulation (DBS)

- Seizure rescue medication
  - Buccal Route
  - Nasal Route
    - 2 syringe-atomizer
    - Prefilled spray device
  - Rectal Route

Follow the healthcare plan to find out which intervention has been prescribed for your student.

Neurostimulation

Vagus Nerve Stimulator (VNS)-Some people with epilepsy have a small device implanted in their upper chest. The device sends electrical signals to the brain that can help control seizure activity.

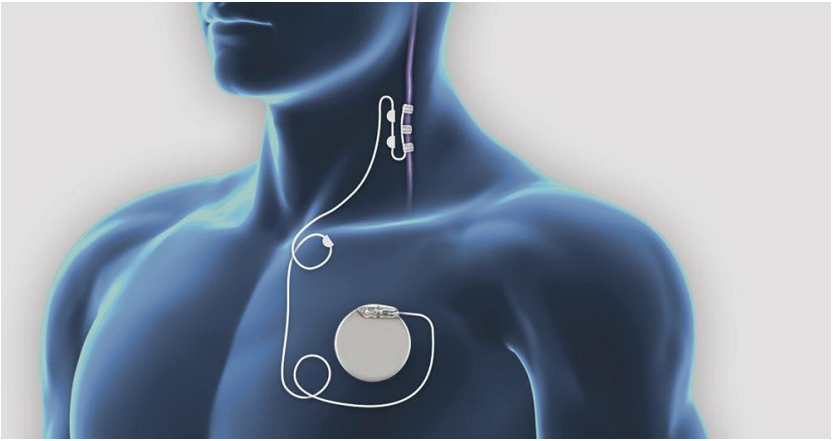


Trained personnel can use the provided magnet to slowly pass over the area (over the clothing) where the VNS is implanted. Can be used before and during a seizure as indicated in the healthcare plan. Intervention required.

Responsive Neurostimulation (RNS) -Implanted in the skull to detect and stimulate abnormal electrical activity in the brain. No intervention required.

Deep Brain Stimulation (DBS)- A small neurostimulator is surgically placed under the skin in the chest or abdomen to deliver controlled electrical stimulation directly to specific areas in the brain. No intervention required.

1. Swipe magnet across left side of chest, over VNS battery, counting “one-one thousand, two-one thousand”.
2. Wait one minute and repeat as needed for seizure activity.



Vagus Nerve Stimulation (VNS)

1. Comes as a liquid (in oral syringe) or tablet form.

2. If excessive saliva, dry area between cheek and gums using a tissue.

3. Place the tablet or squirt liquid medication between cheek and outer gum line.

4. Gently rub the outside of the cheek where the medication was placed.

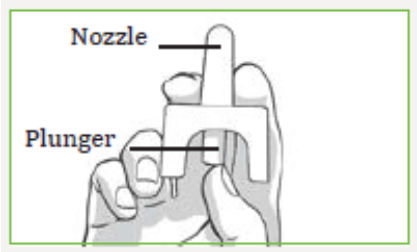
Buccal administration (e.g. lorazepam)

1. 2 (two) prefilled (by pharmacist) syringes along with an atomizer in light sensitive bag.
2. Twist atomizer onto one syringe, place soft tip in one nostril.
3. Swiftly push plunger to empty entire contents into nostril.
4. Switch atomizer to other syringe and repeat process in other nostril.
5. Should be stored in light sensitive bag.

Intranasal administration: syringe and atomizer (e.g. Versed/midazolam)

Manufactured nasal sprayer:

1. Open box, remove one package.
2. Peel paper off blister pack.
3. Use one device by positioning thumb on plunger and first and middle finger on either side of nozzle.
4. Insert nozzle into one nostril, depress plunger.
5. Use second nasal spray IF ORDERED BY MEDICAL PROVIDER.



Intranasal administration: manufactured nasal sprayer (e.g. Valtoco/Nayzilam)

1. Delivered in a prefilled syringe with dosage dialed and locked by the pharmacist, indicated by ready green band.
2. Remove cap of syringe, apply lubricant jelly to tip of syringe.
3. Insert entire tip of syringe into students' rectum. Slowly push plunger to give prescribed dose. Hold syringe in place for 3 seconds to keep medication from oozing back out.

Rectal medication (e.g. Diastat/diazepam)

- After administration of any seizure rescue medication and while waiting for EMS:
  - Assure student is lying on their side (recovery position) with something soft under their head.
  - Monitor student's seizure activity.
  - Monitor student's breathing.

If breathing <u>does not</u> resume after seizure:

- Call for AED (Automatic External Defibrillator).
- Have trained staff perform CPR.
- If necessary, place AED and follow AED prompts.

Thank You for Viewing Seizure Rescue Medication Training.

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