



Level 2: Seizure Training and Action Plans

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- WebEx
 - Logistics
 - Questions
- Evaluation
- CEU

- The objectives of this training include:
 1. To provide updated clinical information about seizures / epilepsy, current treatment, and medication options for children.
 2. To provide education on the types of plans (IHP, ECP, Seizure Action Plan, 504 plan, IEP) related to the student with seizures and the role of the school nurse.
 3. To provide education related to staff training, nursing delegation and documentation.

- Review the Legislation and Requirements
- MN Epilepsy Foundation: Epilepsy Causes, Treatments and Comorbidities
- School Nurse Role in Care Planning: IHP, ECP, 504 and IEP
 - Students with Seizures
- Delegation, Training and Documentation
- Questions

Minnesota Statute 121A.24 Seizure Training and Action Plan

<https://www.revisor.mn.gov/statutes/cite/121A.24>

- Effective the 2022-2023 school year and beyond.
- Subdivision 1. **Seizure action plan**
- Subdivision. 2. **Training requirements**
- Both subdivisions apply to a school district or charter school.
- For more specific information about the statute and requirements please see the previous recordings on the MDH School Health Services website (<https://www.health.state.mn.us/people/childrenyouth/schoolhealth/seizures.html>)
- MN Department of Education: Other Health Disabilities (<https://education.mn.gov/MDE/dse/sped/cat/ohd/>)

Beyond Seizures: Epilepsy Causes, Treatment and Comorbidities

Seizure Action Plan School Health Services- Level 2

May 19, 2022



Objectives for this Section

- Review definitions of epilepsy and seizures and common seizure types
- Discuss current treatment options.
- Gain knowledge about epilepsy and co-occurring conditions

Getting Started

Effective management of seizures begins with:

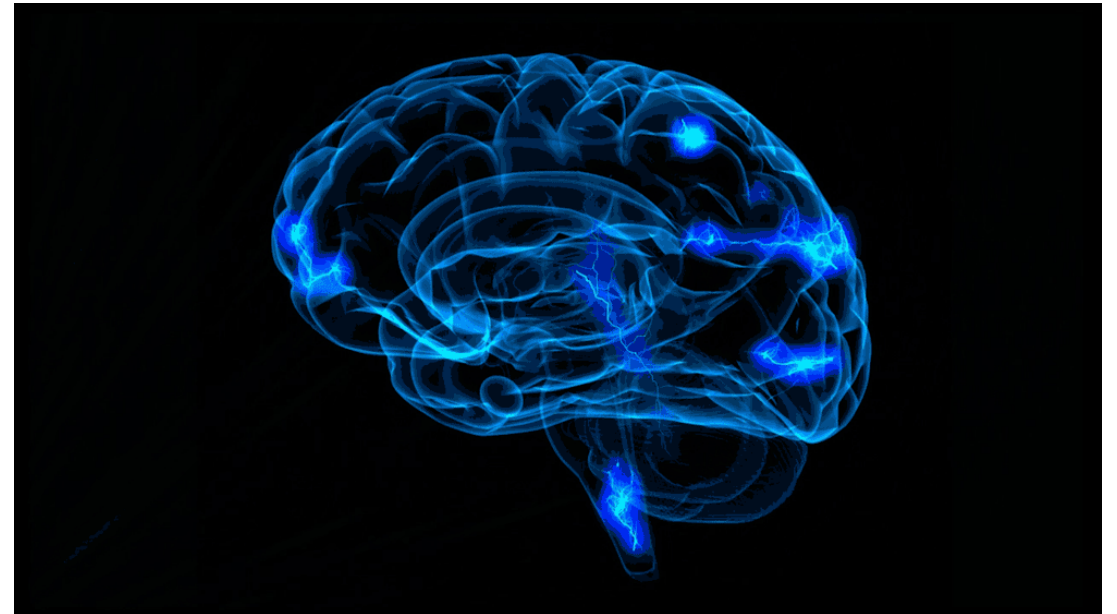
- Recognizing.
- Observing.
- Documenting.

This can be challenging because symptoms may be:

- Difficult to detect.
- Occur without warning.
- Confused with other behavioral or psychological problems.

Seizure Vs. Epilepsy

- **Seizure:** Sudden, brief uncontrolled electrical activity in the brain. Can occur for a variety of reasons.
- **Epilepsy:** A neurological condition characterized by *unprovoked, recurrent* seizures. Also known as a “Seizure Disorder or Condition.”



Sources are listed at the end of the presentation.

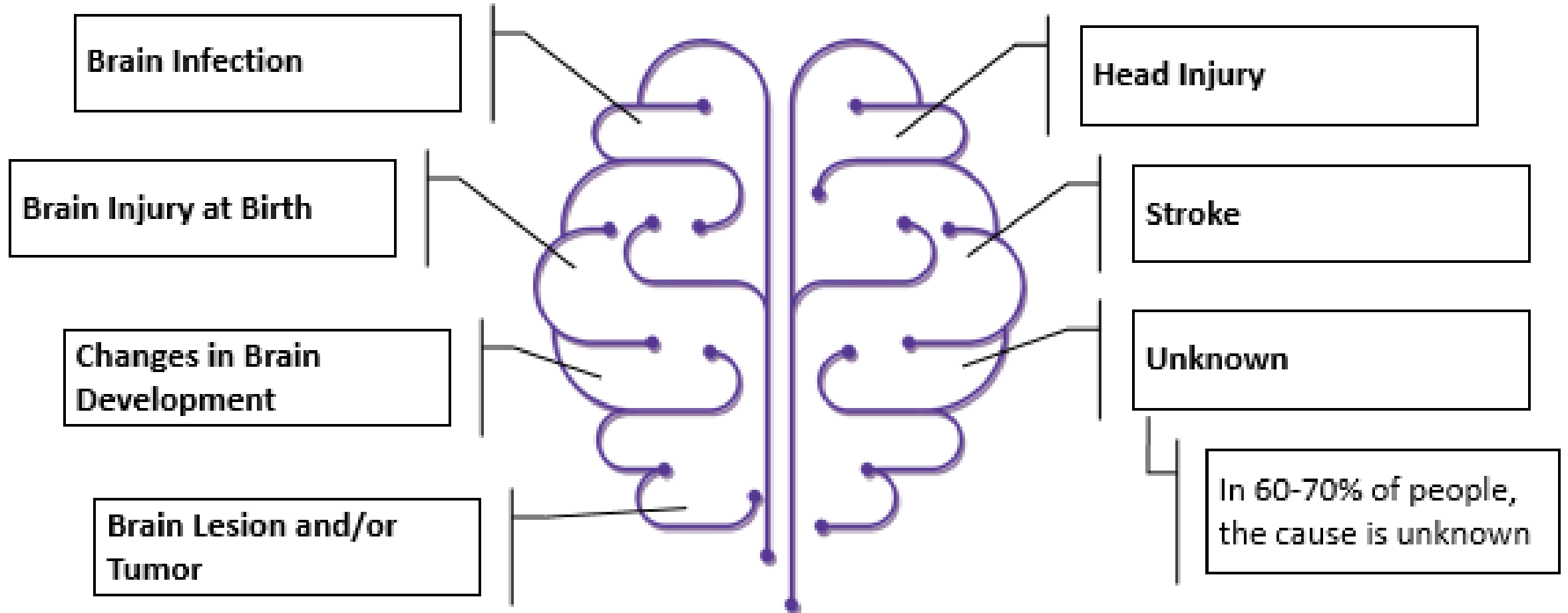
Key Epilepsy Facts

- Epilepsy is not classified as a mental health condition
- Epilepsy exists on a spectrum.
- People rarely die from having a seizure.

FACTS

~~MYTHS~~

Leading Causes of Epilepsy



A Spectrum of Epilepsy

Less Complicated

More Complicated

Increased Risk of SUDEP



Seizures controlled by medication

Epilepsy is disabling due to frequent seizures and other effects

Lobes Affected

- **Frontal:** Motor skills, problem solving, memory, language
- **Parietal:** Sensation, perception, sensory communication
- **Occipital:** Visual processing
- **Temporal:** Hearing, emotions, mood, memory



Four Common Seizure Types

- Focal aware (simple partial):
 - No loss of consciousness
 - Sensory seizure
- Focal impaired aware (complex partial):
 - Most common
 - Consciousness is impaired
 - Often mistaken for behavioral or mental health issues
- Absence (Petit Mal):
 - Staring or daydreaming
 - Common in school age children
- Generalized Tonic Clonic (Grand Mal):
 - Full loss of consciousness
 - Stiffening and convulsing

Refractory Epilepsy

- Also known as: Uncontrolled, intractable, drug resistant.
- 1/3 of all people living with epilepsy
- Seizures can be uncontrolled for several reasons:
 - Incorrect diagnosis.
 - Incorrect treatment.
 - Triggers or lifestyle choices affect seizure control.
 - Properly diagnosed seizures do not respond to the best medical treatment.
- **Drug Resistant Epilepsy** (from ILAE) occurs when a person failed to become (and stay) seizure free with adequate trials of two anti-seizure medications (ASMs)

Psychogenic Nonepileptic Seizures (PNES)

- PNES may look like epilepsy-related seizures but on EEG monitoring, have no correlating brain activity.
- Video-EEG monitoring is the most effective way of diagnosing.
- Can be caused by a variety of psychological factors or psychiatric disorders.
- Treatment can include Cognitive Behavioral Therapy or other suggested treatments by mental health provider.

Status Epilepticus

- Medically defined as 5 minutes of uninterrupted seizure activity which may include:
 - One prolonged seizure.
 - Multiple seizures without recovery to baseline.
- Medical emergency requiring immediate action to stop the seizure activity.
- Student's Seizure Action Plan should clearly define what constitutes a seizure emergency and detail an emergency response plan.

Death in Epilepsy

- It is rare to die from a seizure, and most seizures are not considered an emergency if properly responded to.
- People may die due to complications from a seizure, status epilepticus, or from accidents associated with seizures.
- The most common form of death in epilepsy is SUDEP, **Sudden Unexpected Death in Epilepsy:**
 - Applies to a sudden death in someone known to have epilepsy, in the absence of an obvious cause for the death.

Treatment Options

- Medication
- Brain Surgery
- Implanted Devices
- Diet
- Medical Cannabis

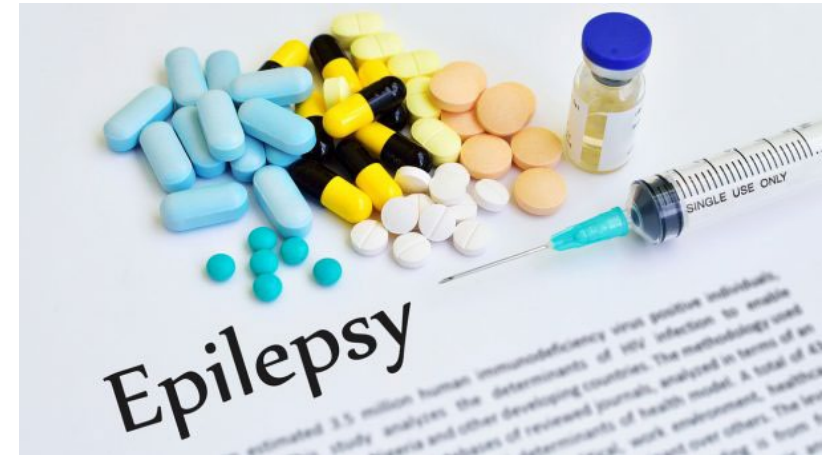


Qualifications for Treatment Options

- **Medications:** age, weight, seizure type, any genetic link
- **Surgery:** root cause, location in brain, size of area
- **Device:** age, seizure type, location in brain
- **Diet:** seizure type, root cause, any genetic link
- **Alternative Therapies:** seizure type, syndrome presence

Medications

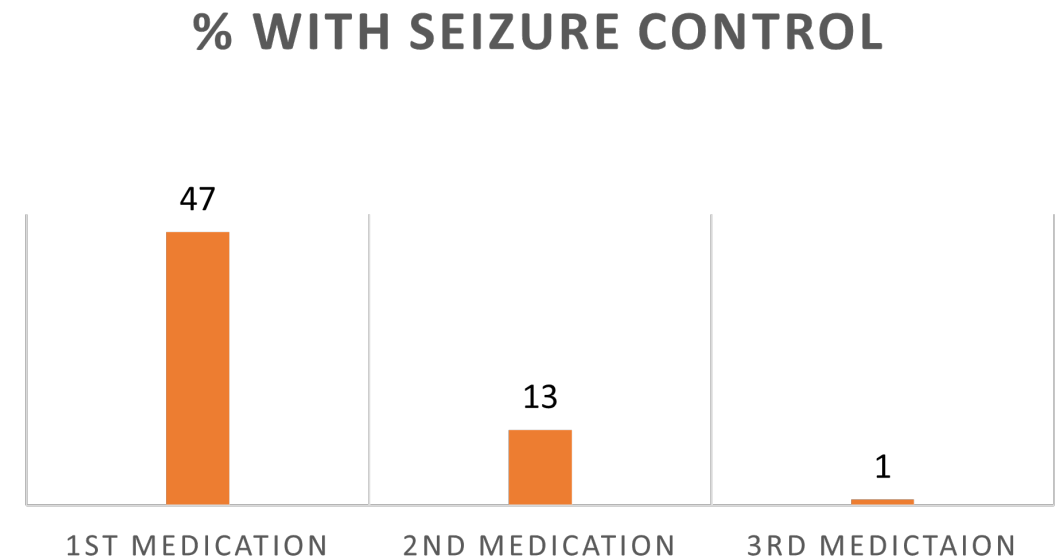
- Medicine is the primary way in which seizures are controlled and is almost always the first therapy.
- Different medicines help with different kinds of epilepsy and seizures.
- Medicine controls seizures for about 7 out of 10 people living with epilepsy.
- Never stop or change your medication without talking to your doctor.



Sources are listed at the end of the presentation.

Medication Effectiveness

- The likelihood of gaining seizure control by taking 1 medication are highest with the first medication.
- Likelihood of seizure control decreases as each new medication is tried.
- Side effects vary by medication and individual.



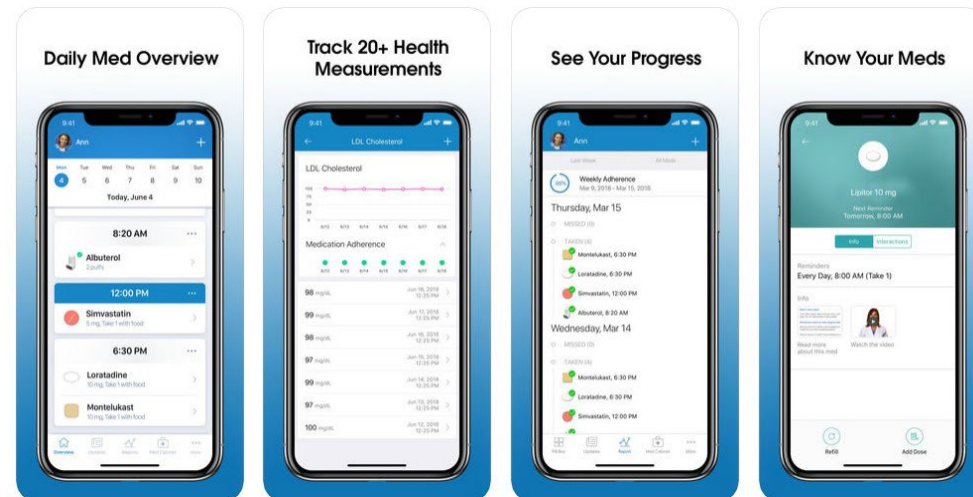
Sources are listed at the end of the presentation.

Possible Medication Side Effects

- May be displayed as physical, emotional, social and/or cognitive.
- Possible effects include:
 - Lethargy.
 - Weight gain and/or weight loss.
 - Cognitive, concentration, memory difficulties.
 - Hyperactivity.
 - Emotional and/or behavioral changes.
- May go away after first several weeks on new medication.

Tracking Side Effects

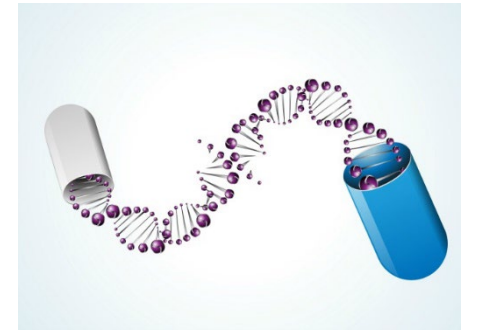
- Comprehensive evaluation includes both school and home side effects.
- Track any noticeable changes in student and relay to parent.
- Observation Record and/or defined method of tracking.



Generic and Brand Name Formulations

- In most situations, generic forms of AEDs are appropriate.
- Switching between formulations is the major concern:
 - From brand to generic or generic to brand.
 - From one generic manufacturer to another.
 - Communicate any AED changes between school and family.
- Avoid switching between formulations without approval of provider:
 - Change in seizures or side effects may occur with some drugs.
 - Some students may need to remain on a brand or use consistent manufacturer of a generic AED.

Emergency Medications



- Typically used for seizure clusters or when seizures are more frequent, longer, or more severe than typical.
- Are taken "as needed" to prevent a seizure emergency from occurring.
- Are NOT used instead of daily seizure medicine.
- Available in different forms:
 - Rectal, buccal and nasal

Ideal Emergency Medicine:

- Easy to use.
- Works quickly.
- Safe with little to no side effects.
- Form used to meet individuals needs.
- Works well.

Emergency Medication Administration

- Available in different forms:
 - Rectal
 - Buccal
 - Nasal
- Plan for each student to be included in their seizure action plan.



Nayzilam nasal spray



Diastat Rectal Suppository



Valtoco nasal spray

Brain Surgery

Surgery evaluation considerations:

- If still have seizures after trying medications, diet, or other therapies
- If uncontrolled seizures increase their risk for harm, physical injury, accidental death, and SUDEP
- A consultation with a physician is required to determine its efficacy

Common Types of Surgery:

- Resective Surgery
- Laser Interstitial Thermal Therapy (LITT)
- Corpus Callosotomy
- Hemispherectomy

Recovery and Outcomes:

Most people are back to school or work in 4 to 6 weeks.

Changes in thinking, social activities and emotions may take longer, depending on individual

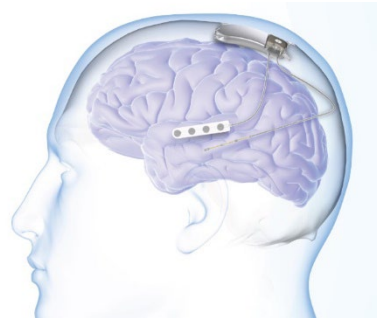
Anti-seizure medications will typically remain the same for several months after surgery.

Many people can achieve new milestones

Implanted Devices

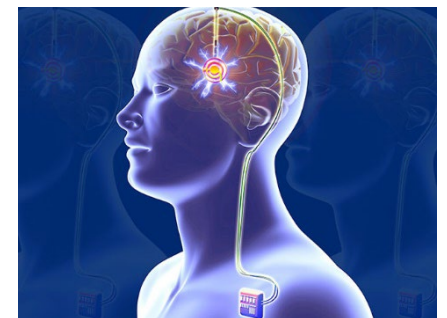
RNS: Responsive Neuro Stimulation

- Monitor brainwave activity
- Detect seizure activity
- Delivers stimulation to stop seizures
- Continual EEG
- Ages 18+



DBS: Deep Brain Stimulation

- Stimulation device in chest
- Thin wires/electrodes to seizure area
- Neuromodulation therapy: Designed to change how brain cells and networks work in seizure area
- Ages 18+

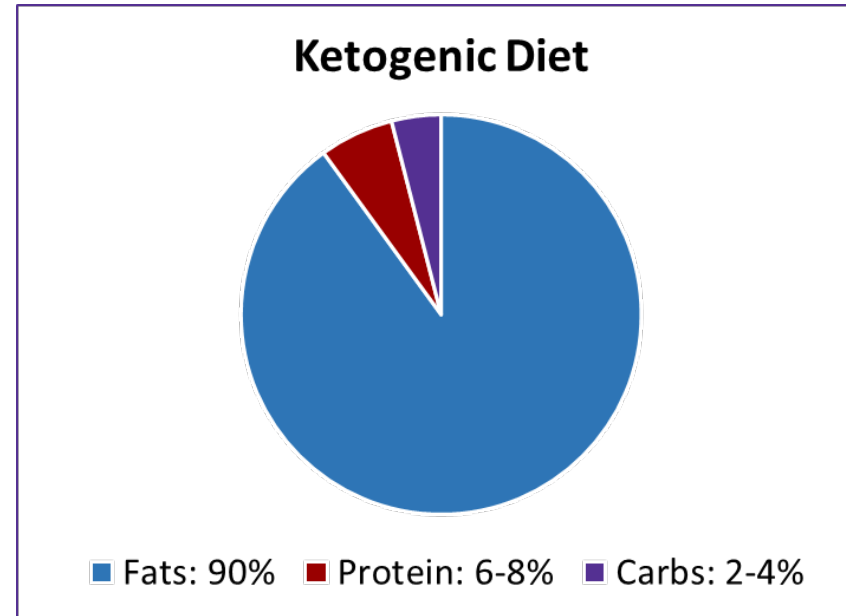
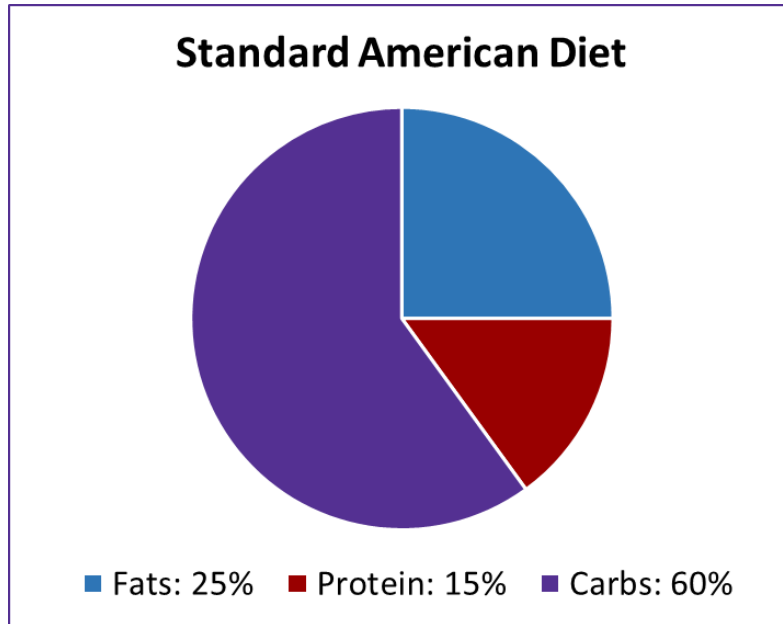


Vagus Nerve Stimulation (VNS)

- Approved for ages 4+
- 3 Parts:
 - Generator device placed in left chest wall
 - Wire that leads to Vagus Nerve
 - Magnet
- Prevention or reduction in seizure activity
- Role of nurse or bystander
 - Magnet swipe



Ketogenic Diet



High fat, low protein and carbs.

Limits fluids.

Includes short fasting period.

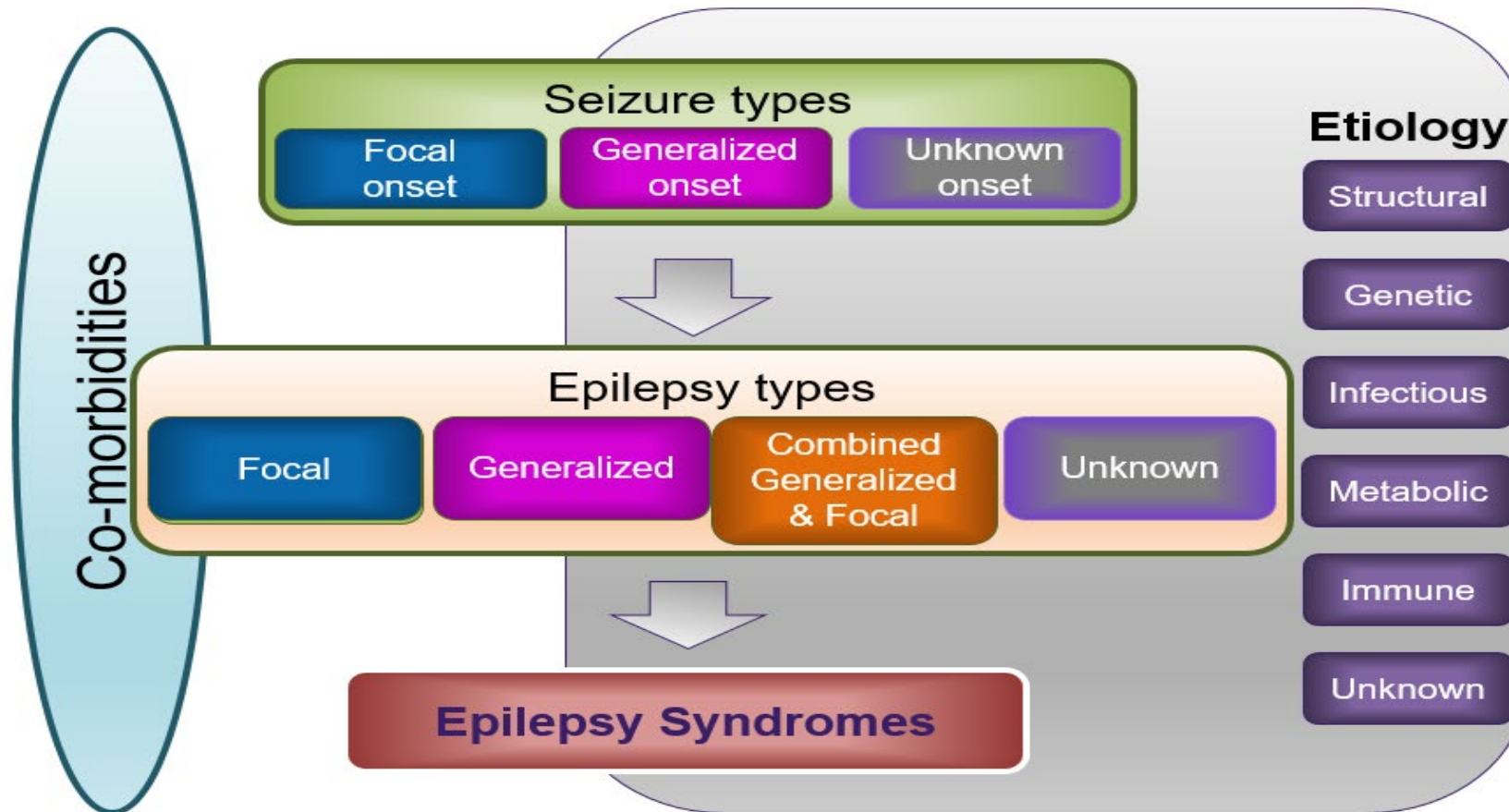
Strict guidelines, food weighed.

Medical Cannabis

- Epidiolex™ is the only FDA approved cannabidiol by prescription. Should be allowed on school grounds.
 - Different than over the counter CBD which is not FDA approved
 - Different than medical cannabis which is not allowed on school grounds



Comprehensive View: Seizures to Epilepsy



Scheffer IE et al. *Epilepsia*,58(4):512, 2017

Epilepsy and Co-Morbidities in Children



Epilepsy and Attention Deficit Disorder

- *Stats*

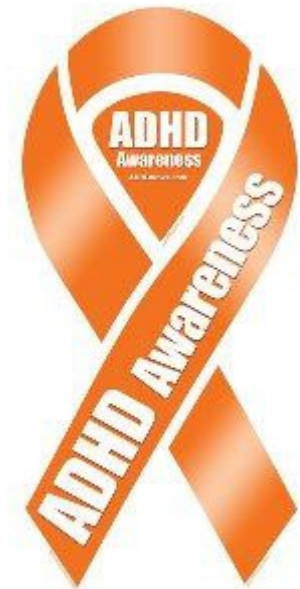
- Most common co-occurring condition for children with epilepsy
- 14% of children with ADHD will develop seizures
- 30-40% of children with epilepsy will develop ADHD compared to 7-9% of the general child population

- *Potential Impacts of Dual Diagnosis*

- Learning
- Mood
- Behavior

- *Treatment*

- Seizures treated first
- Medications for seizures, may exacerbate ADHD symptoms



Epilepsy and Autism Spectrum Disorders

- *Comorbidity rate:* approximately 30% across all ages
- *Possible Reasons for Comorbidity:*
 - Shared neurological mechanisms
 - Genetic disposition
 - Maternal stress
- *Genetic syndromes* associated with autism and epilepsy:
 - Landau-Kleffner, Rett's, Angelman's, Tuberous Sclerosis
- *Behaviors* that are similar in both disorders
 - Repetitive movements
 - Irritability/Aggression
 - Cognitive Delays



Epilepsy, Depression and Anxiety

- 50-60% of population with epilepsy
- *Potential Causes*
 - Injury to a part of the brain that controls mood.
 - Hormone levels
 - Anti-Seizure Medication side effects
 - Real or perceived impact on day to day living experience
- *Treatments*
 - Cognitive Behavioral Therapy
 - Medication
- *Non Epileptic Events*



Impacts on Learning & Behavior

- There is an association between seizures/epilepsy and the following:
 - Impaired self-image/self-confidence.
 - Shame or embarrassment.
 - Low self-esteem.
 - Anxiety.
 - Delayed social development.



Role of School Nurse

- Recognize seizure activity and its impact on students.
- Ensure appropriate seizure response is given.
- Ensure student is allowed to fully recover as needed.
- Coordinate ongoing treatment with the student, parents, school, and healthcare team.



Information Services

- Free, one-on-one support.
- Customized tools and resources.
- Variety of epilepsy related topics.
- Materials request.

- Link to webpage:

<https://www.epilepsyfoundationmn.org/support-training/information-services>

About EFMN

Mission Statement:

We lead the fight to overcome the challenges of living with epilepsy and to accelerate therapies to stop seizures, find cures, and save lives.

Staff Contact:

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School Nurse Role in Care Planning: ECP, IHP, 504 and IEP

NASN Framework for 21st Century School Nursing Practice-Standards of Practice

- Care Coordination
- Chronic Disease Management
- Collaborative Communication
- Direct Care
- Education
- Interdisciplinary Teams
- Nursing Delegation
- Student Care Plans



NASN Position Statements

- Students with Chronic Health Conditions: The Role of the School Nurse
 - The school nurse is well positioned to support the health and academic success of students with chronic health conditions by providing direct care and facilitating the many practice components of care coordination
- IDEIA and Section 504 Teams -The School Nurse as an Essential Team Member
 - The school nurse identifies needed health accommodations, outlines plans of care, provides nursing services, and evaluates the effectiveness of the health services provided to students.
- Use of Individualized Healthcare Plans to Support School Health Services
 - The registered professional school nurse (hereinafter referred to as school nurse) initiates and develops an Individualized Healthcare Plan (IHP) for students whose healthcare needs require more complex school nursing services.
- National Association of School Nurses: Position Statements (<https://www.nasn.org/nasn-resources/professional-practice-documents/position-statements>)

Plan Comparisons

Type of Plan	Definition
Emergency Care Plan (ECP)	<ul style="list-style-type: none"> • Written for students with known health conditions that are likely to result in a medical emergency. • Written in lay language for staff and non-medical personnel in terms of what needs to be done in the event of the health emergency. <p>Seizure Action Plan is one type of ECP.</p>
Individual Healthcare Plan (IHP)	<ul style="list-style-type: none"> • Written for students with a known health condition that requires more complex care at school. Needs may include education, medications and treatments, and/or social/emotional care. • Written in nursing language to guide care provided by the LSN/RN or delegated by the LSN/RN. <p>May include ECP or Seizure Action Plan as one of the nursing interventions</p>
Section 504	<ul style="list-style-type: none"> • Identification of limits to a major life activity; plan to address barriers to education which may require health services and other supports and accommodations (assistive technology, access ramps, classroom seating). • Written in terms of what the child will receive to have access to education. <p>May include or have a separate Seizure Action Plan</p>
Individual Education Program (IEP)	<ul style="list-style-type: none"> • Identification of and plan to address education disabilities; includes related support services to ensure access to education. • Written in terms of what the child will achieve and supports the child will receive to meet goals. <p>May reference IHP, ECP or Seizure Action Plan</p>
Seizure Action Plan	<p>MN Statute: https://www.revisor.mn.gov/statutes/cite/121A.24, states a written individualized health plan designed to acknowledge and prepare for the health care needs of a student with a seizure disorder diagnosed by the student's treating licensed health care provider.</p>

Emergency Care Plan (ECP)

An Emergency Care Plan is written for students with known health conditions that are likely to result in a medical emergency.

- ***Written in lay language for staff and non-medical personnel in terms of what needs to be done in the event of the health emergency.***
- Nurse Role
 - Care coordinator and collaborator with medical provider and parent/guardian.
 - Writer, reviewer, contributor, educator and communicator of the plan.
- **Seizure Action Plan is one type of ECP.**

Information needed within ECP

- Student information
 - Name, DOB, Grade, Teachers, Parent contact info
- Health concern and necessary background info
- Emergency Procedure and Medications
- *Way to document dissemination and training
 - best practice for all health conditions--required for seizures
- *Picture if possible

Seizure Action Plan Sample

SEIZURE ACTION PLAN (SAP)



Name: _____ Birth Date: _____

Address: _____ Phone: _____

Emergency Contact/Relationship _____ Phone: _____

Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

How to respond to a seizure (check all that apply)

- First aid – **Stay. Safe. Side.**
- Give rescue therapy according to SAP
- Notify emergency contact
- Notify emergency contact at _____
- Call 911 for transport to _____
- Other _____

First aid for any seizure

- STAY** calm, keep calm, **begin timing seizure**
- Keep me **SAFE** – remove harmful objects, don't restrain, protect head
- SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
- STAY** until recovered from seizure
- Swipe magnet for VNS
- Write down what happens _____
- Other _____

When to call 911

- Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- Difficulty breathing after seizure
- Serious injury occurs or suspected, seizure in water

When to call your provider first

- Change in seizure type, number or pattern
- Person does not return to usual behavior (i.e., confused for a long period)
- First time seizure that stops on its' own
- Other medical problems or pregnancy need to be checked

When rescue therapy may be needed:

WHEN AND WHAT TO DO

If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

Seizure Action Plan continued

Care after seizure

What type of help is needed? (describe) _____

When is person able to resume usual activity? _____

Special instructions

First Responders: _____

Emergency Department: _____

Daily seizure medicine

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)

Other information

Triggers: _____

Important Medical History _____

Allergies _____

Epilepsy Surgery (type, date, side effects) _____

Device: VNS RNS DBS Date Implanted _____

Diet Therapy Ketogenic Low Glycemic Modified Atkins Other (describe) _____

Special Instructions: _____

Health care contacts

Epilepsy Provider: _____ Phone: _____

Primary Care: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Pharmacy: _____ Phone: _____

My signature _____ Date _____

Provider signature _____ Date _____

Epilepsy.com

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Revised 01/2020 130SR9/PAB1216



Individual Health Plan (IHP)

An Individualized Healthcare Plan is written for students with a known health condition that requires more complex care at school. Needs may include education, medications and treatments, and/or social/emotional care.

- **Written in nursing language to guide care provided by the LSN/RN or delegated by the LSN/RN.**
- Nurse Role
 - Care coordinator and collaborator with medical provider and parent/guardian.
 - Writer, communicator and delegator of the plan.
- **May include ECP or Seizure Action Plan** as one of the nursing interventions

Purpose of the IHP

- Document standards of school nursing practice
- Document the nursing process
- Facilitate evidence-based management of the health condition
- Outline the relevant knowledge and actions needed by school personnel to support the student's access to a free and appropriate education
- Prepare for prompt responses to medical emergencies
- Support the health components of education plans for the student
- "Support the student's success by providing the school's multidisciplinary team with a systematic, organized approach to meeting specific health needs" (NASN, 2017 p. 2)
- Guide care coordination for the student
- Serve administrative purposes by defining the focus of nursing, validating the nurse's role in the school, and differentiating accountability of the nurse from other staff (Hermann, 2005)
- Provide an effective vehicle for documentation of nursing delegation when permitted by state nurse practice act and state law (Sampson & Will, 2017)

Information needed within an IHP

- Assessment summary – meeting with the student and family (history of diagnosis to really help understand it)
- Nursing diagnosis
- Goals and outcomes (Written as SMART goals)
- Interventions (**based on EBP and standards of care**)
- Evaluation measures
- Parent input at each stage & at least annually
- Ensure that IHP refers to the development of ECP where applicable

IHP Example

Individualized Health Care Plan

Page _____ of _____

INDIVIDUALIZED HEALTHCARE PLAN (IHP) SEIZURES

STUDENT NAME: _____ **DOB** _____

Student Address:
Home Phone:
Parent/Guardian:
Day/Work Phone:
Healthcare Provider:
Provider Phone:
IHP Written By:

School:
Teacher/Counselor:
Grade:
IHP Date:
IEP Date:
Review Date(s):
ICD-9 Codes:

Parental/Guardian statement: *I/We have read this plan and agree to its implementation.*
Signature: _____ **Date:** _____

Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcome
	Risk for injury from falling during seizure activity	The student will (if developmentally able) demonstrate safety measures, when aura presents prior to seizure, in order to prevent injury.	Reduce or remove factors that may cause or contribute to injury during a seizure. Provide student-specific information to selected school personnel for student: - Type of seizure, treatment regimen, including medication side effects - Precautions, safety issues - First aid care for immediate and recovery care - Emergency plan of care and follow-up - Evacuation plan	The student will not sustain injury during seizure while at school. The student will (if developmentally able) describe symptoms that accompany an aura. The student will wear a medical alert bracelet.

Individual Health Plan Sample

Individualized Health Care Plan

Page _____ of _____

STUDENT NAME: _____ DOB _____

Parental/Guardian Statement: *I/We have read this plan and agree to its implementation.*

Signature: _____

Date: _____

Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcomes
	Risk for fatigue related to: - type of seizure activity - frequency of seizure activity - severity of seizure activity	The student will (as developmentally appropriate) assist in the decision-making process regarding health management issues at school.	Provide student-specific information to selected school personnel for student: - Type of seizure, treatment regimen, including medication side effects - Precautions, safety issues - First aid care for immediate and recovery care - Vegas nerve stimulator magnet application - Seizure log documentation - Emergency plan of care and follow-up - Evacuation plan	The student will ask the teacher for clarification of instructions or directions that were missed on account of seizure activity (if student is aware that a seizure has occurred). The student will follow schedule that allows for regular meals, sleep, and rest times. The student will wear a medical alert bracelet. The student will develop positive coping mechanisms.

504 Accommodation Plan

- Identification of limits to a major life activity; plan to address barriers to education which may require health services and other supports and accommodations (assistive technology, access ramps, classroom seating).
- ***Written in terms of what the child will receive to have access to education.***
- Nurse Role:
 - Member of the School 504 team
 - Interpret and synthesize health related information and how access to education is impacted
 - Identify students who may qualify and benefit from 504 plan
- **May include IHP, ECP or have a separate Seizure Action Plan**

Components to Qualify for a 504

<https://education.mn.gov/mde/dse/504/>

- Disability that is physical or mental
- Disability substantially limiting
- Disability affects at least one major life activity (*not all inclusive)
 - Learning
 - Thinking
 - Concentration
 - Reading
 - Speaking
 - Mobility
 - Breathing
 - Sleeping
 - Caring for oneself
 - Operation of major bodily system

Accommodation Consideration

- Always think LEAST restrictive
- How student's disability affects their education
- Instructional delivery methods
- Workload
- Testing
- Transportation
- Environmental factors
- Timing and location of medical interventions

Individualized Educational Plan (IEP)

- Identification of and a plan to address education disabilities; includes related services and supports to ensure access to education.
- ***Written in terms of what the child will achieve and supports the child will receive to meet goals.***
- Nurse Role:
 - Member of the IEP team
 - Interpret and synthesize health related information to determine the impact to learning and the school environment
 - Determine the student's need for nursing or personal care assistance during the school day
- **May also refer to IHP, ECP or Seizure Action Plan**

Components to Qualify for an IEP

<https://education.mn.gov/MDE/dse/sped/caqa/IEP/index.htm>

“child with a disability” means a child identified under federal and state special education law

Categories

- Deaf and hard of hearing
- Blind or visually impaired
- Deaf-Blind
- Developmental cognitive disabilities
- Developmental Delay
- Speech or language impairment
- Emotional or behavior disorder
- Traumatic brain injury
- Physical impairment
- Other health disability*
- Specific learning disability
- Autism Spectrum disorder
- Severe multiple impairment

Information Included in the Health Section of IEP

- Relevant Health information
- Nursing Time
- Description of nursing activities
- Reference to seizure ECP/action plan



Nursing Delegation

Denise Herrmann DNP RN CPNP FNASN | School Health Coordinator

NASN Framework for 21st Century School Nursing- Standards of Practice



- Clinical Competence
- Clinical Guidelines
- Code of Ethics
- Critical Thinking
- Evidenced-Based Practice
- Nurse Practice Acts
- Scope and Standards of Practice

What Impacts the Practice of Nursing

- Minnesota Board of Nursing (<https://mn.gov/boards/nursing/>)
- Nurse Practice Act, *Minnesota Statute section 148.171 to 148.285 and MN Rules 6301.0100 - 6321.0500*
 - *Defines the Practice of Professional Nursing (RN) and Practice of Practical Nursing (LPN)-Scope of Practice*
 - **RN** definition includes delegating nursing tasks or assigning nursing activities to implement the plan of care and managing, supervising, and evaluating the practice of nursing.
 - **LPN** definition includes assigning and monitoring nursing tasks or activities to unlicensed assistive personnel.
- Other State/Federal Laws (abuse/neglect, DEA, privacy, school laws)
- Professional Nursing Standards and Code of Ethics
- Employer Policies and Procedure

Delegation and Assignment

Subd. 7a.Delegation.

- "Delegation" means the transfer of authority to another nurse or competent, unlicensed assistive person to perform a specific nursing task or activity in a specific situation

Subd. 3a.Assignment.

- "Assignment" means the designation of nursing tasks or activities to be performed by another nurse or unlicensed assistive person

Monitoring and Supervision

Subd. 8a. Monitoring.

- "Monitoring" means the periodic inspection by a registered nurse or licensed practical nurse of a delegated or assigned nursing task or activity and includes: (1) watching during the performance of the task or activity; (2) **periodic checking and tracking of the progress of the task or activity being performed**; (3) updating a supervisor on the progress or completion of the task or activity performed; and (4) contacting a supervisor as needed for direction and consultation.

Subd. 23. Supervision.

- "Supervision" means the guidance by a registered nurse in the accomplishment of a nursing task or activity. Supervision consists of monitoring, **as well as establishing, the initial direction, delegating, setting expectations, directing activities and courses of action, evaluating, and changing a course of action.**

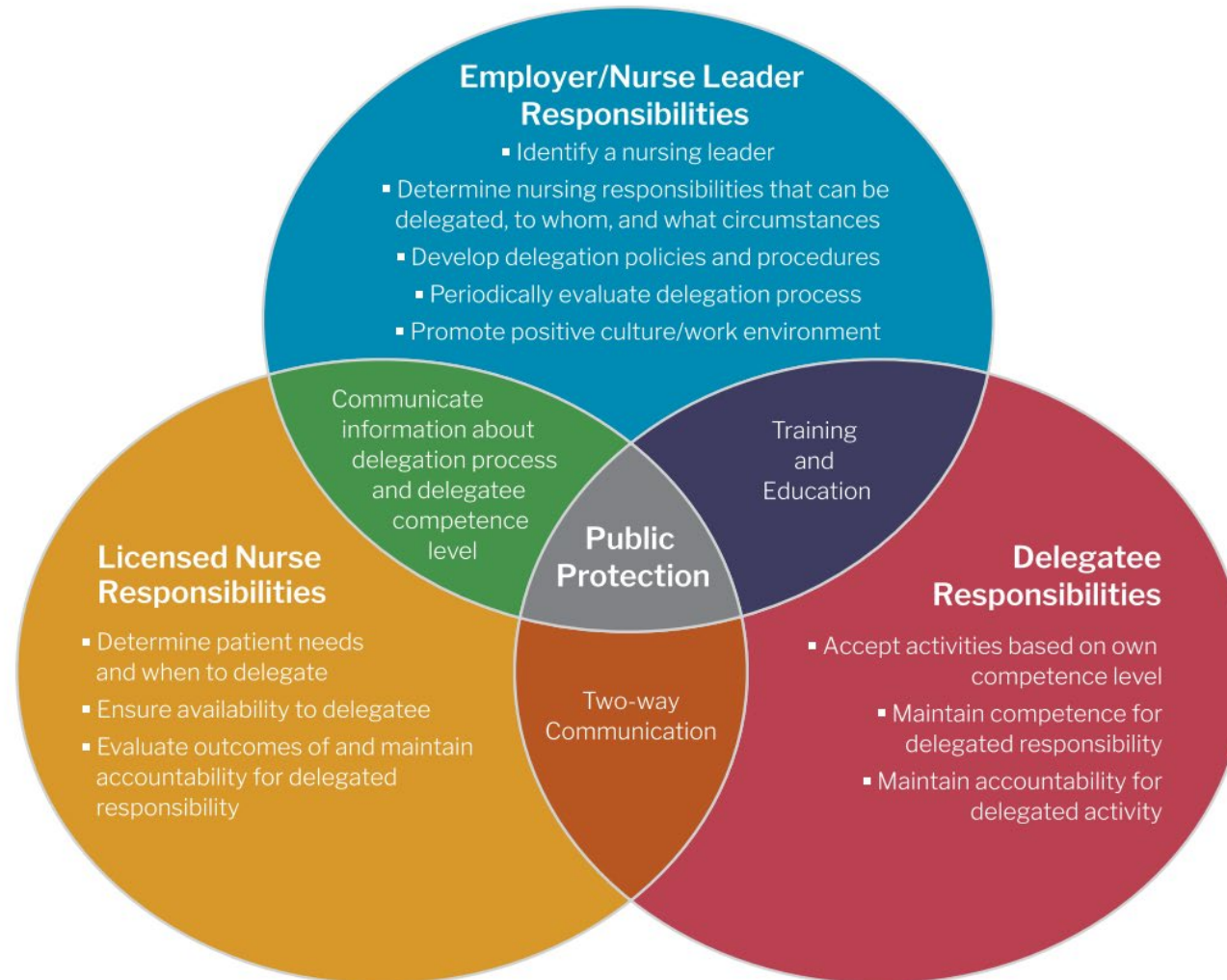
MN Board of Nursing: Scope of Practice

- Neither the Nurse Practice Act (NPA) (<https://mn.gov/boards/nursing/laws-and-rules/nurse-practice-act/>) nor the Minnesota Board of Nursing provides a specific list of nursing tasks or procedures which identifies or differentiates what is in the Scope of Practice of the practical, professional, or advanced practice registered nurse.
- Nurses are professionally accountable for nursing practice that encompasses a range of roles, responsibilities and functions for which they are educated, competent and authorized to perform.
- The NPA provides definitions (<https://www.revisor.mn.gov/statutes/cite/148.17>) of practical nursing, professional nursing, and advanced practice registered nursing, and provides legal parameters to the scope of practice for nurses.
- Scope is also established by standards of practice. An employer's policies and procedures further refine the scopes of practice within the organization consistent with applicable laws, rules, and practice standards.

Delegation

- NCSBN describes this as the nurse transferring authority while ANA calls this a transfer of responsibility. Both mean that a registered nurse (RN) can direct another individual to do something that that person would not normally be allowed to do. Both papers stress that the nurse retains accountability for the delegation.
- Both define delegation as the process for a nurse to direct another person to perform nursing tasks and activities.
- Without the transfer of authority, the delegate would not be authorized to perform the selected task of activity.
- Joint Statement on Delegation American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN) https://www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf

National Guidelines for Nursing Delegation (<https://www.ncsbn.org/1625.htm>)



- **Delegate:** One who is delegated a nursing responsibility by either an APRN, RN or LPN/VN (where jurisdiction NPA allows), is competent to perform it and verbally accepts the responsibility. A delegate may be an RN, LPN/VN or AP.
- **Delegator:** One who delegates a nursing responsibility. A delegator may be APRN, RN, or LPN/VN (where jurisdiction NPA allows).
- **Assignment:** The routine care, activities and procedures **that are within the authorized scope of practice of the RN or LPN/VN or part of the routine functions of the AP.**
- **Assistive Personnel (AP):** Any assistive personnel trained to function in a supportive role, regardless of title, to whom a nursing responsibility may be delegated. This includes but is not limited to certified nursing assistants or aides (CNAs), patient care technicians, CMAs, certified medication aids, and home health aides (*formerly referred to as “unlicensed” assistive personnel [UAP]*). When performing a fundamental skill on the job, the delegate is considered to be carrying out an assignment

Delegation and Assignment

https://www.ncsbn.org/NGND-PosPaper_06.pdf

- The difference between delegation and assignment has been a source of debate for years.
- When performing a fundamental skill on the job, the delegatee is considered to be carrying out an assignment.
- The routine care, activities and procedures assigned are those which would have been included in the delegatee's basic educational program.
- A licensed nurse is still responsible for ensuring an assignment is carried out completely and correctly.
- Delegation is allowing a delegatee to perform a specific nursing activity, skill, or procedure that is beyond the delegatee's traditional role and not routinely performed.

Comparison-Assignment

- Assignment
- The routine care, activities, and procedures that are within the authorized scope of practice of the RN or LPN/VN or part of the routine functions of the UAP
- The above are included in the coursework taught in the delegatee's basic educational program.
- An example of assignment is an LPN/VN caring for a diabetic patient.
- He or she takes vital signs, checks the blood sugar level using a blood glucose meter, monitors input and output, documents the information, and reports data to the RN.
- This is considered an “assignment” because these functions are taught in the LPN/VN program and are part of the LPN/VN scope of practice

Comparison-Delegation

- Delegation
- Allows a delegatee to perform a specific nursing activity, skill, or procedure that is beyond the delegatee's traditional role and not routinely performed.
- The delegate most likely has had no formal training, coursework related to the task being delegated.
- An example of assignment is a school health aide caring for a diabetic student.
- He or she takes vital signs, checks the blood sugar level using a blood glucose meter, monitors input and output, documents the information, and reports data to the LSN/RN.
- The delegatee must be given additional education and training, and validated competence to perform the care/delegated responsibility.

One Exception

- One exception to these definitions pertains to advanced UAP roles.
- Skills once believed exclusive to the RN and LPN/ VN role are now taught in certain advanced UAP programs.
- In a basic course, examples of this include:
 - Certified medication aides taught to pass out medications
 - Certified medical assistants taught to give injections.
- Even if taught in a basic education program, when the activity requires a significant level of skill and knowledge, such as administering medications or injections, it is advised that employers/nurse leaders regard these procedures as being delegated and validate competency.

5 Rights of Delegation

NCSBN (1995,1996)

Right task: The activity falls within the delegatee's job description or is included as part of the established written policies and procedures of the nursing practice setting.

Right circumstance: The health condition of the patient must be stable. If the patient's condition changes, the delegate must communicate this to the licensed nurse, and the licensed nurse must reassess the situation and the appropriateness of the delegation.

Right person: The licensed nurse along with the employer and the delegate is responsible for ensuring that the delegate possesses the appropriate skills and knowledge to perform the activity.

Right directions and communication: Each delegation situation should be specific to the patient, the licensed nurse and the delegatee.

Right supervision and evaluation: The licensed nurse is responsible for monitoring the delegated activity, following up with the delegate at the completion of the activity, and evaluating patient outcomes. The delegate is responsible for communicating patient information to the licensed nurse during the delegation situation. The licensed nurse should be ready and available to intervene as necessary. The licensed nurse should ensure appropriate documentation of the activity is completed.

When delegating consideration must be given to:

- Competence to perform and knowledge of those skills and abilities
- If under LSN/RN's supervision for the task
- Availability for supervision and/or monitoring
- “Scope of practice” vs Assignment
- Education/training
- Job description
- Policy and procedure descriptions

Responsibility for accepting delegation

Delegatee needs to:

- Follow through related to the student care plan as delegated and trained
- Communication or lack of it
- Licensure laws and rules
- Judgments, intentions, decisions, actions and omissions
- Job description
- Education laws

Delegation Steps

How should school nurses delegate?

- The licensed nurse must determine when and what to delegate based on the practice setting, the patients' needs and condition, the state/jurisdiction's provisions for delegation, and the employer policies and procedures regarding delegating a specific responsibility.
- The licensed nurse must communicate with the delegatee who will be assisting in providing patient care.
- The licensed nurse must be available to the delegatee for guidance and questions, including assisting with the delegated responsibility, if necessary, or performing it him/herself if the patient's condition or other circumstances warrant doing so.
- The licensed nurse must follow up with the delegatee and the patient after the delegated responsibility has been completed.
- The licensed nurse must provide feedback information about the delegation process and any issues regarding delegatee competence level to leadership.
- Licensed nurses need to document and communicate any issues arising related to delegation and any individual that they identify as not being competent in a specific responsibility or unable to use good judgment and decision making.

Delegation Concerns

- Re-educate, over communicate and always document. Make sure the delegatee understands the plan and understands the activity to be performed.
- Why are you concerned? Identify the issue. Be specific. Talk to the delegatee about your concern and potential next steps if changes are not made.
- Talk to leadership. “It is my nursing license!” It is not specific nor helpful. This is about health and safety of the student foremost.
- Leverage influence of others who understand and support your position

Must Have Resource

PRINCIPLES FOR PRACTICE

Planning Delegation to Unlicensed
Assistive Personnel in the School Setting



S081 - Principles for Practice: Nursing Delegation to Unlicensed Assistive Personnel in the School Setting 2nd Edition

Author: Nichole Bobo, MSN, RN

Description:

This was the first in a series of practice tools for school nurses as they work to implement evidence-based information in their daily practice. The 2nd edition (2018) of the publication provides overall principles for making decisions about the delegation of nursing tasks.

Member Price: \$5.00 + S&H

Non-Member Price: \$7.00 + S&H

Copyright: 2018

Page Count: 14

- NASN Bookstore (<https://my.nasn.org/online-store/nasn-bookstore>)
- Available for purchase by members and non-members

Training and Documentation

Training Requirements

- Subd. 1. c. (2) “require training on seizure medications for an employee identified under clause (1), recognition of signs and symptoms of seizures, and appropriate steps to respond to seizures.”
- Subd. 2. **Training requirements.** “A school district or charter school must provide **all** licensed school nurses or, in the absence of a licensed school nurse, a professional nurse or designated individual, and **other school staff** working with students with self-study materials on seizure disorder signs, symptoms, medications, and appropriate responses.”

Student Specific Training

- Individual level training –specific to the student’s action plan and administration of rescue medication if needed
 - Participate in the all-staff school level training
 - Individualized training provided by the Licensed School Nurse, professional nurse (RN), or the responsible person for having a plan in place
 - Document the training
 - Training Validation Tool (<https://www.health.state.mn.us/people/childenyouth/schoolhealth/seizuretoolkit.html>)
 - Provide a copy of the seizure action plan

Training Validation Tool: Seizure Action Plan

Name of Student: _____ School: _____

Set Up for this student	Completed
Review and familiarize self with student’s Seizure Action Plan, Individual Health Plan, and/or Emergency Care Plan.	
Review Health Care Provider’s (HCP) order for emergency medication(s) if separate.	
Review medication expiration dates before administering.	

Procedure During Seizure Event for this student	Completed
Protect student from injury during seizure	
Do not attempt to restrain student or use force	
Ease student down to the floor and place on side with something soft under head (GTC type only). For Non-GTC type, provide safe space for student to have seizure and guide them from hazards when necessary. (GTC=General Tonic-Clonic seizure type)	
Do not place anything in student’s mouth	
Monitor and record seizure activity and length	
Administer emergency medication per Health Care Provider Order	

In General Call 911 If	Completed
<ul style="list-style-type: none"> • Seizure lasting longer than ___ minutes (Follow instruction from HCP) • Pale/gray/bluish color around mouth and nails beds blue or dusty • Obstruction of airway or no breathing • No pulse • First time seizure - student does not have a history of seizures • Multiple seizures or doesn’t recover (wake) between seizures • Other specific to this student: 	

Why Document

- Meet professional practice standards
- Provides a legal record of care
- To communicate with other health professionals

Student Health Records

- Minnesota Statute Chapter 13.32, Subdivision 2
- “Health data concerning students, including but not limited to, data concerning immunizations, notations of special physical or mental problems”
 - Health history, screenings, assessments
 - Student health plans (IHP, ECP, etc.)
 - Medication and treatments administered
 - Student outcome
 - Health office visits
 - Incident/Injury reports

- The Nursing Process
 - Student health information, nursing actions, student outcomes
- Standardized Language and Recognized Terminology
- Timely
- Accurate
- Appropriateness
- Completeness
- Signature

Other Documentation

- Continuing Education
- Delegation
 - Training
 - Supervision
- Performance Evaluation
- Personal Communication

CHAPTER 13. GOVERNMENT DATA PRACTICES

What state law protects the privacy of student educational records and information?

- The Minnesota Government Data Practices Act, Chapter 13 of Minnesota Statutes, is the state law that protects the privacy of student educational records.

<https://www.revisor.mn.gov/statutes/cite/13>

- RECORDS MAY NOT BE RELEASED OUTSIDE OF SCHOOL WITHOUT SPECIFIC PARENT CONSENT EXCEPT:
 - When a student intends to enroll in another school
 - Research and/or evaluation studies focused on improving instruction or care
 - An emergency in which disclosure is necessary to protect the health & safety of the student or other individuals e.g., communicable disease (COVID-19)

FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT OF 1974(FERPA)

- Federal law that protects personally identifiable information included in student educational records.
- Protects the privacy of students & parents by restricting access to school records
- Access by “**school officials with legitimate educational interest**” (need to know)
- US Department of Education FERPA
(<https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>)

FERPA GIVES THE PARENT THE RIGHT

- To inspect/review the student's educational records within 45 days (MN Data Practices Act – immediately or within 10 days)
- To request amendment to perceived inaccurate or misleading records
- To consent to disclosures of personally identifiable information in records
- To file a complaint with the USDOE with alleged failure to comply with FERPA

- LSN / RN can delegate
- The evidence demonstrates that successful delegation is influenced by various factors, including effective communication, collaborative work relationship, level of competence and knowledge of the UAP, and role clarity

Questions

Open Office Hours

- Join Heather and Denise
- Friday, May 20, 2022
- 8:00 – 9:00 am
- Join via Teams
- [Click here to join the meeting](#)

Reminder

Keep your eyes open for the evaluation email and please take the five minutes to complete it.

CEUs will be sent your way soon – questions can be sent to jeremy.vann@state.mn.us.

Thank You!

Health.school.health@state.mn.us