Session 4| Care Coordination for Children and Youth with Seizures

April 11, 2019

Frequently Asked Questions

1. **How often should providers review a seizure response plan with parents and caregivers?**
   The seizure response plan should be reviewed every time the patient is seen by the PCP (every time they are seen for an ear infection, etc.) as the plan is generated by a neurologist and it may change at any time.

2. **What is the provider’s role in sharing the plan with the school?**
   Most schools have their own action plan which is required to be completed by the family. However, the PCP should consider calling the school and talking to the school nurse. This communication pays dividends if the child does have a seizure in school and needs attention. The nurse has received direct communication from you about the patient and when s/he needs to call your office.

3. **Are calcium supplements needed?**
   If the CYE is on a special diet without calcium, a supplement is needed. However, if the CYE is on a regular diet – they don’t need one. Calcium is not absorbed without Vitamin D and seizure meds are known to lower the vitamin D level, so do be sure to keep the blood level between 40 and 60 ug/dl. This usually requires between 2-4000 IU of Vitamin D3 daily. [www.grassrootshealth.net](http://www.grassrootshealth.net) has excellent discussions on the role of vitamin D in cancer and multiple sclerosis as well as bone health.

4. **What safety concerns should you counsel youth specifically on?**
   Anti-seizure medications may impact the effectiveness of contraception. If pregnant, patients also require special considerations of anti-epileptic medications.

5. **How appropriate are the alternatives to diastat at stopping seizures (e.g. intranasal)?**
   There are issues in administering the rectal diastat in certain environments where it is embarrassing to the patient.
Alternative routes and medications to rectal diastat are now available for management of acute seizures. Buccal, oral dissolving tablets, and intranasal preparations of medications are available. Best to consult with your patient’s neurologist to determine what would be best fit for them.

6. **Can you review buccal, ODT, and nasal dosing and effectiveness?**

   Please reference the following for rescue therapy guidance:

   - [AAP Medication Management of Epilepsy](#)
   - [Rescue Medicine for Epilepsy in Education Settings](#)