

Seizure First Aid

for

Tonic-Clonic Seizures

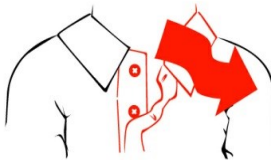
Cushion & protect head



Turn on side, Remove harmful items



Loosen any tight clothing



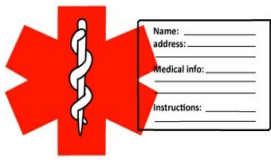
DON'T put anything in the mouth



Time the seizure



Check for a medical I.D. card



DON'T restrain or hold down



1-800-332-1000 or 1-800 221-2689

VNS: Usually implanted in left chest below collarbone. Swipe magnet across skin above device for one second (counting one-one thousand). Swipe from mid-chest out toward shoulder. It can be swiped multiple times as long as there is a pause between swipes.

Wait 1 to 2 minutes (depending on student's seizure action plan) and if still seizing, swipe magnet again.

DO NOT hold the magnet over the device. Placing magnet for 6 seconds or more will turn device off!

CAUTION: Avoid overstimulation! If more than 4 hours of constant stimulation occurs, damage to the vagus nerve can develop.

Magnet works best if used early—as seizure starts or just before.

Rescue Medications: Follow Student's Seizure Action Plan

Diazepam Rectal Gel:

(See: www.diastat.com/how-to-administer.aspx)

Lay student on side, facing you.

Check dosage on side of barrel against student's prescribed dose.

Remove cap & check that locking pin is inside cap (not in nozzle).

Lubricate tip of administrator.

Bend student's upper leg to expose rectum.

THREE COUNTS OF THREE:

- > SLOWLY & gently insert tip into rectum while counting to 3.
- > SLOWLY count to 3 while pushing plunger until it stops
- > Hold rectum closed around tip and leave in rectum for count of 3.
- > SLOWLY remove administration tube and hold buttocks together to prevent leakage/loss of medication

Bucal Lorazepam:

- 1 Lay student on side. Do not touch teeth, or force mouth open!
- 2 Wipe away excess saliva from mouth.
- 3 Lift cheek using tongue depressor, staying away from teeth.
- 4 Place lorazepam drops or tablets as far back in cheek as possible.
- 5 Rub exterior of cheek to aid absorption through cheek/gum tissue.
- 6 Do NOT expect student to swallow!

Nasal Midazolam:

Note: A bloody nose or excessive nasal mucus secretions will reduce absorption. Consider suctioning blocked nostrils before administration if possible.

Remove and discard green vial adapter cap.

Pierce medication vial with the syringe vial adapter.

Aspirate proper volume of medication for student from medication vial (allow extra 0.1 ml for dead space in device.)

Remove (twist off) vial adapter and apply spray adapter.

Place student briefly on back (if you can do so safely). Administer half of medication in each nostril. Too much medication in one nostril will drip back out.

Once medication has been absorbed, turn student back on their side.



AFTER ANY RESCUE MEDICATION:

Note time and dose given. Stay with student.

Keep student on side and observe:

- Color
- Breathing
- Seizure/resolution/progression



School Nurse Support for Students with Epilepsy

**STAY CALM—TIME SEIZURE—ASSURE SAFETY
NOTHING IN THE MOUTH!**

For Partial (wandering) and Absence (staring) Seizures:

- Stay Calm and consult Seizure Action Plan
- Time and record seizure
- Don't grab or yell at student
- Stand between student and danger
- Stay with student until normal function/awareness returns
- Reorient student
- Repeat information student missed

TONIC CLONIC/CONVULSIVE: See reverse side

CALL 911 IF:

- Seizure lasts 5 minutes or more (not including recovery time)
- 3 or more seizures in 1 hour without fully returning to consciousness
- Seizure is unusual for that student
- Fluids have been aspirated
- Student is injured, pregnant or has diabetes

Seizure Recovery:

- Allow students to recover according to their needs
- Some students will need to sleep it off
- Some students may experience terrible post-ictal headaches

AFTER THE STUDENT HAS RECOVERED, COMPLETE THE SEIZURE OBSERVATION FORM.