

## SEIZURE PODCAST Transcript

**CCP = Child Care Provider**

**RN = Nurse Consultant**

*CCP: I have been asked to watch Kiara, a 4-year-old with epilepsy and I have several questions. I have heard of it, but what exactly is epilepsy?*

RN: Epilepsy is a neurological disease that causes people to have recurrent seizures. A seizure is a brief disruption of electrical activity in the brain that can cause anything from short periods of unawareness to severe falling and body jerking. Just to clarify, epilepsy is not a mental illness and is not a developmental disability. It affects children and adults, men and women, and people of all races, religions, ethnic backgrounds, and social classes. While epilepsy is most often diagnosed either in childhood or after the age of 65, it can occur at any age.

*CCP: Her mom says Kiara has not had a seizure for 14 months as she takes a daily medication - I think it's called Lamictal - to manage her condition. She says she will bring rectal Diastat for me to keep on hand in the event Kiara has a seizure lasting more than 5 minutes. This all makes me very nervous.*

RN: I understand this situation can raise questions and concerns about caring for a child with epilepsy, also called seizure disorder. I will be happy to discuss this with you. I want to remind you that if you provide child care for a child with seizures, you should have the doctor complete the MSDE OFFICE OF CHILD CARE Seizure Medication Administration Authorization Form<sup>1</sup>. You must be certified by the Office of Child Care to administer medication in the child care setting. If you are asked to administer any seizure medication to the child, the seizure form must be completed. This form is also highly recommended for ANY child diagnosed with a seizure disorder, even if medication is not to be given in child care.

*CCP: What causes epilepsy?*

RN: More than half the time, the cause is unknown. When a cause can be found, it may be a Head injury, Infection of the brain, Stroke, Brain tumor, Alzheimer's disease, Malformation of an area of the brain, or Genetic factors. In Kiara's case, I spoke to her mom myself, and doctors said they are not sure with Kiara. She had several seizures caused by a fever as an infant, so they did a brain scan. Nothing definitive was found, but they did see some areas of concern. Also, her grandfather and uncle had epilepsy.

1. Seizure Medication Administration Authorization Form:

<https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ1216a-seizuremedicationadministrationauthorizationform.pdf>

*CCP: How is epilepsy treated?*

RN: As you know, Kiara takes Lamictal at home – 50 mg in the morning and 50 mg in the evening. There are at least 30 anti-seizure medications available, as well as surgery, Vagus Nerve Stimulators, Responsive Neurostimulation, and special diets. However about 70% of people with epilepsy can control it with medication.

*CCP: What happens to a child that has epilepsy?*

RN: Most children lead normal lives except during the brief time they are having a seizure. However, children with epilepsy are sometimes teased by their peers or ridiculed by people uneducated about epilepsy. This can cause serious emotional harm.

*CCP: Does a seizure cause brain damage or other harm? Can it kill the child?*

RN: Seizures usually cause no harm to the brain unless they are very frequent or last too long. If a seizure continues indefinitely or there is a long series of continuous seizures, severe brain damage or death is possible. That is why Kiara was prescribed the Rectal Diastat to stop a seizure lasting more than 5 minutes. If you do know of a child with seizures that has mental challenges, it is most likely that the brain was damaged already and not caused by seizures.

*CCP: Can other children catch epilepsy from a child in my care?*

RN: Absolutely not!!!! Epilepsy is not contagious. This is an opportunity for the other children to learn about epilepsy in a developmentally appropriate way so they can have a better understanding if Kiara has a seizure, and also be empathetic to children with disabilities.

*CCP: What kind of seizures does Kiara have?*

RN: She has brief, massive jerks involving all or part of the body. These are called MYOCLONIC seizures. I recommend you go to the Epilepsy Foundation<sup>1</sup> website or the Epilepsy Society<sup>1</sup> website for more information. EF does not show videos of actual seizures but the ES in the UK does show them, and I believe it would be beneficial for you to see one. We can also see if Kiara's mom ever took a video of her actual seizures.

1. Epilepsy Foundation (USA): <https://www.epilepsy.com/>
2. Epilepsy Society (UK) <https://www.epilepsysociety.org.uk/>

There are actually several other types of seizures as well. These include:

- Tonic-Clonic (Grand Mal) – These seizures include convulsions, rigid muscles, jerking, typically lasting 1 to 3 minutes and are followed by a period of confusion.
- Absence (Petit Mal) – Person will exhibit a blank stare lasting only a few seconds; sometimes with blinking or chewing motions.
- Impaired Awareness (Complex Partial) – These involve staring and a dazed facial expression. The person is not aware of what is going on or will not remember. The person may perform repetitive random movements and may not be able to talk normally. They typically lasts 1 or 2 minutes and may be followed by confusion.
- Aware (Simple Partial) – Person experiences Jerking in one or more parts of the body or sensory or perceptual changes that may or may not be obvious to onlookers. The person is aware of what occurs during the seizure.
- Atonic (Drop Attacks) – Sudden collapse with recovery within a minute.
- Non-motor symptoms: Examples of symptoms that don't affect movement could be changes in sensation, emotions, thinking or cognition, autonomic functions (such as gastrointestinal sensations, waves of heat or cold, goosebumps, heart racing, etc.), or lack of movement (called behavior arrest).

*CCP: What triggers her seizures?*

RN: Kiara's seizures have been well controlled since starting her on Lamictal. We are not absolutely sure what causes her seizures, but we have noted they often occur when she is sick. Other things that may trigger Kiara's seizures include missing her seizure medicine, not getting enough sleep or not getting good quality sleep, stress or being upset, and low levels of certain minerals or substances in the body (for example, low levels of sodium or salt, magnesium, or calcium).

*CCP: What is the first sign that a seizure is starting or happening?*

RN: *CP: What do I need to do to keep her safe when she is having a seizure?*

RN: Very little intervention is needed when someone is having a seizure. You must protect her head by placing something soft under it. Remove anything nearby that can injure her. Do not try to stop a seizure or put anything in her mouth.

*CCP: What should I do with the other children when Kiara has a seizure?*

RN: I assume you already have a plan in place for any situation in which one child needs medical care. Use this plan. I always recommend "Medical Drills", just like fire drills, be held periodically so the children understand what might be happening and what to do. These would apply for asthma attacks, Epipen emergencies, serious injuries, seizures, etc. I know Kiara's mom would be thrilled to know you are educating Kiara's friends about seizures so they understand not to be afraid, and they would know to tell an adult if they observed Kiara having a seizure.

CCP: *What are the step-by-step instructions about what to do when the seizure is occurring?*

RN:

- Begin timing the seizure as soon as you notice it
- Note how it presents, that is, what movements do you see? How is her body responding?
- Consider what may have triggered the seizure. What was happening and what was she doing in the minutes before it began? Is she ill?
- Read and understand her care plan so you know exactly what her doctor expects.

CCP: *What do I do when the 5 minutes have passed and I need to give the rectal medicine?*

RN: Begin to gather her documents and medication once the seizure has passed four minutes (or even sooner). Get help from other adults as soon as possible. Place the other children in a safe place in eyesight, like on the couch or on the floor in the corner, so they can be monitored but will see as little as possible of what is happening to Kiara. ( You may choose to call 911 now to activate EMS and get instructions on how to administer the rectal medication.)

CCP: *How do I administer the medicine?*

RN: First you must have taken the Office of Child Care Medication Administration 6-hour course<sup>1</sup> that is required for anyone who administers medication in the child care setting. You must also receive seizure training as well as practice what to do as soon as you agree to care for a child with epilepsy. There is also an excellent video at [epilepsyu.com/diastat-training/](http://epilepsyu.com/diastat-training/) that shows the steps. Written directions for use of the rectal gel are included in the package so you can follow those as you go.

CCP: *Do I need to call anyone?*

RN: Contact her parent since that is what mom has requested. Call 911 if it lasts too long and you need to administer the rectal Diastat.

1. [Maryland Family Network's Statewide Training Clearinghouse](http://apps.marylandfamilynetwork.org/mdcfc/for_providers/trsearchstart.asp)  
[http://apps.marylandfamilynetwork.org/mdcfc/for\\_providers/trsearchstart.asp](http://apps.marylandfamilynetwork.org/mdcfc/for_providers/trsearchstart.asp)

*CCP: What can I expect once it is over?*

RN: She may be tired, confused and disoriented. She usually has soiled herself so will need to be changed. Mom shared that she usually takes a 45 minute or so nap after a seizure but it has been awhile so that may have changed.

*CCP: Does she need medical treatment for every seizure?*

RN: No. You would simply provide normal seizure first aid for any seizures lasting less than 5 minutes.

*CCP: Does she need medical treatment after giving the Diastat?*

RN: Yes, medication slows breathing and heartrate, so she needs to be in the hospital or at home where someone can monitor her closely.

*CCP: This discussion has been extremely helpful! I feel like I really have a handle on epilepsy now. I will tell the mom that I would be happy to care for Kiara and be able do so safely.*

RN: I am glad it helped. Seizures can seem scary at first, but they can easily be handled in a safe manner for all involved. If you want even more information, the Epilepsy Foundation is an excellent resource. They have training specifically for child care providers. You may also contact me, the Nurse Consultant at Maryland Family Network. My email address is [mconway@marylandfamilynetwork.org](mailto:mconway@marylandfamilynetwork.org).

*CCP: Thank you so much! I will definitely contact them.*