



# Seizure Disorders in the ECE Setting



Witnessing a seizure in a child can be a frightening experience for a child care provider. Seizure disorders, also known as epilepsy, affect as many as one in a hundred children. More than half of patients with epilepsy have their first seizure by one year of age.

## What is a seizure disorder and what are the causes?

It is a neurological condition usually diagnosed after a person has had at least two seizures that were not caused by some known medical condition. Seizure disorders can be caused by an infection, injury or abnormality of the brain, but the cause of a seizure disorder is usually not known. Children with seizures usually have normal intelligence, though for some it is associated with brain injuries that may cause difficulties in thinking or remembering. Some children may also have difficulties with behavioral and emotional problems; for instance, difficulties with concentration, temper control, hyperactivity, and impulsiveness.

Brain cells communicate by using electricity. A seizure is a sudden surge of too much electrical activity in the brain that is usually associated with a change in behavior. Excitement, anxiety, fatigue and stress are all possible triggers of seizures. Parents and health care professionals should provide information to the ECE provider, to be incorporated into the child's *Seizure Care Plan*, describing the particular pattern of an individual child's seizure disorder.

## What does a seizure look like?

Some seizures are difficult to notice while others are very dramatic. Seizures can be:

**Generalized**, which affect all of the brain and cause the child to lose consciousness, and his or her body to stiffen and the limbs to shake.

**Partial**, which affect just part of the brain, can take many different forms, and may partly affect consciousness.

## First Aid for a Generalized Seizure

- Stay calm!
- Do not restrain a child unless she is in immediate danger.
- Keep the child from getting hurt during the seizure; put something flat and soft under her head, remove glasses and any nearby harmful objects.
- Loosen clothing around the child's head and neck.
- Turn the child on her side to prevent choking.
- Talk softly and reassure the child.
- Explain to the other children what is happening.
- Keep track of when the seizure started and how long it has gone on (a seizure usually lasts about two minutes).
- As the jerking slows down, make sure the child is breathing normally.
- Stay with the child as she comes out of the seizure to reassure her.

## When to Call for Emergency Help:

If the child has never had a seizure before or if the seizure lasts longer than 5 minutes in a child with a known seizure disorder or the child has more than one seizure without fully regaining consciousness, call 911. Instructions for when to call 911 may also be included in the child's *Seizure Care Plan*.\*

## What *Not* to do During a Seizure:

- Put anything in the child's mouth
- Try and restrain his movements
- Give him anything to eat or drink until he's fully awake

## Seizure Medication

A child who is having a seizure that doesn't stop may urgently require medication. A seizure that continues for longer than 30 minutes, or a series of seizures during which the child does not regain consciousness, is called status epilepticus and can be life-threatening. The emergency drugs Diastat and Ativan, in rectal suppository form are designed

to be given by non-medical caregivers and parents to stop a seizure and may be prescribed for children with a history of prolonged seizures. A new emergency anticonvulsant that is dripped into the nose may also be prescribed. The California Child Care Licensing regulations allow for an ECE provider to administer Diastat or Ativan rectally to a child having a life-threatening seizure, but licensees who choose to administer these medications as a life-saving intervention to a child diagnosed with a seizure disorder must include plans to provide this care in a *Seizure Care Plan* (see the *Seizure Care Plan* under “Forms” on the CCHP website).

When a seizure ends, the brain begins to recover and the child returns to awareness. She may be confused and frightened, and may not remember the seizure. For some children this period of recovery lasts only minutes; for others it can last for hours. Some children may lose bowel or bladder control. If this happens, cover the child with a blanket to avoid embarrassing her; reassure her that you know she couldn't help it and help her to get cleaned up.

## How to Prepare Your Program

- Train staff on how to identify and respond to a child having a seizure.
- Develop a *Seizure Care Plan with the child's parents*
- The parent must fill out the *Medication Administration Form*.\*\*
- Provide written documentation including who is responsible to care for the child, how they have been trained, and how to store and administer any prescribed medication.
- List resources and consultants in the community to be utilized for the child's care in the *Seizure Care Plan*.
- Keep a copy of the child's *Seizure Care Plan* and medication log of any medication given, in the child's file.
- The child's physician may prescribe that 911 always be called for monitoring and stabilizing a child after Diastat/Ativan administration in a child care setting, depending on the available staff, their skill and comfort level.
- Parents should always be called if Diastat/Ativan is administered as the child will be sleepy and not able to participate in care.
- The child's privacy must be respected when administering a drug rectally.

- When transporting a child with a seizure disorder, their emergency care plan, supplies and medication should always be carried by a trained staff member who accompanies the child.

Frequent and prolonged seizures may injure the brain, so good medical care and effective control are important goals for children with seizures. Most children with seizures take medication to control their seizures. Some medications may cause changes in the child's behavior or learning. If you notice a change, discuss it with the child's parents. Seizure medicines can also occasionally cause side effects. If a child gets a rash, bruises too easily, gets too many nosebleeds, has stomach pain, develops poor balance, or is very sleepy, the dose or type of medication may need to be changed. ECE providers caring for children with seizures should be on the lookout for these kinds of side effects, and report them to parents. Some children with seizures who do not respond well to medication may be placed on a special high-protein, high-fat, low-carbohydrate (“ketogenic”) diet that can be very successful in helping to manage seizures.

The good news is that half of the children who develop a seizure disorder in childhood will outgrow it.

by Vickie Leonard, RN, FNP, PhD

## Resources

\*CCHP's *Seizure Care Plan & Seizure Activity Log*  
<http://ucsfchildcarehealth.org/pdfs/forms/SeizureCarePlanLog.pdf>

\*\*CCHP's *Medication Administration Form*  
<http://ucsfchildcarehealth.org/pdfs/forms/MedicationAdmForm.pdf>

*Lee, the Rabbit With Epilepsy*, by Deborah Mos, is a tale for 3-6 year olds in which Lee is diagnosed as having epilepsy, but medicine to control her seizures reduces her worries and she learns she can still lead a normal life.

*Seizure First Aid*, The Center for Children with Special Needs, Children's Hospital & Regional Medical Center, Seattle, Washington  
<http://www.cshcn.org/forms/SeizureFirst.pdf>

*Safety Tips for Children with Seizures*, The Center for Children with Special Needs, Children's Hospital & Regional Medical Center, Seattle, Washington  
<http://www.cshcn.org/Forms/SeizureTips.pdf>

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