

EPILEPSY POLICY (INCLUDING THE ADMINISTRATION OF EMERGENCY RESCUE MEDICATION).



Version 1.0

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ORCHYD is an inclusive community that aims to support and welcome children with complex medical conditions including Epilepsy.

ORCHYD understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

ORCHYD staff may be required to administer emergency rescue medication (Buccal Midazolam, Rectal Diazepam or Rectal Paraldehyde) to children with Epilepsy. ORCHYD will ensure the appropriate staff receive training to do so.

ORCHYD will ensure that our residential holidays and day trips are inclusive and favourable to children with Epilepsy. ORCHYD believes that every child with Epilepsy has a right to participate fully in our residential holidays and day trips. ORCHYD will work with children, families and our staff to identify safety issues including risk assessing activities for children with Epilepsy.

ORCHYD has clear guidance about record keeping including the recording of all the medical details of children with Epilepsy, administration records of any medication given and keeping parents updated with any issues it feels may affect their child. These may also include keeping seizure diaries.

ORCHYD will work together with children, parents, volunteers and health professionals to ensure this policy is successfully implemented and maintained.

This policy will be regularly reviewed, evaluated and updated.

Please also refer to the Medication Management Policy.

SAFETY ISSUES

In order to keep children safe whilst enjoying our residential holidays or day trips, ORCHYD recognise that children with Epilepsy can be more at risk during some activities. To minimise this risk, ORCHYD recognises that all children with Epilepsy have an individual presentation of this condition. We will actively seek information about each child's medical needs (including Epilepsy) in order to meet their needs. All children with a diagnosis of Epilepsy will be identified to the adult carer looking after them and further advice will be given as appropriate as to any restriction or further support required during any activities, the carer will also be issued with a

radio to enable them to quickly summon help or given the HCP phone number to ring.

TRAINING

A list of ORCHYD Staff members requiring training on the administration of emergency rescue medication will be identified by the Lead HCP.

It is acknowledged that a number of ORCHYD Healthcare Professionals and some other staffing groups (e.g. Teachers or Teaching Assistants), will have had Buccal Midazolam and more rarely Rectal Diazepam and/or Rectal Paraldehyde training during their normal employment. A list of these team members along with the details of the training will be kept by the Lead HCP. These staff will not require additional training if the training they have received meets the standards set below but it must have been attended in the last 12 months.

Additional training will also be arranged by the Lead HCP and delivered prior to the holiday, any HCP who cannot attend this training will be given training or detail when they have had training (must be within 12 months). Training will be updated annually and a record of staff attendance will be kept. As it is very rare for children to be prescribed Rectal Diazepam or Rectal Paraldehyde for the management of prolonged seizures, the training session will only cover Buccal Midazolam unless there is a clinical need to include other rescue medication (i.e. a child attending the holiday has been prescribed Rectal Diazepam or Paraldehyde).

The training delivered (either through ORCHYD or through staff members workplaces) should include Epilepsy Awareness and Buccal Midazolam administration training. The followed areas should be covered in the training:-

- Basic knowledge of seizures types (focal and generalised), status epilepticus and the first aid/management required in the event of a seizure.
- Understanding of triggers and risk assessment involving activities.
- Knowledge of following healthcare plans, including when to administer medication, when to call for help/ dial an ambulance and post administration care.
- Understanding of record keeping including medication administration and seizure recording.
- Practice with placebos/training equipment to enable confidence with medication if required.

It is further recommended that staff administering rescue medication should undertake Basic Life Support training from an appropriately qualified source.

Individual Health Care Plans

Every child who may require emergency rescue medication to be administered will have an Individual Healthcare Plan. (Appendix 1)

This will include information on:-

- Type(s) of seizure and frequency
- Usual duration of seizure
- Any history of status epilepticus
- Other information re. warnings, triggers, recovery time, behaviour post seizure
- When emergency rescue medication should be administered.
- Initial dosage: how much rescue medication is to be given?
- What is the usual reaction(s) to emergency rescue medication if known.
- When 999 should be dialled for emergency help
- Who needs to be informed
- Precautions: are there any circumstances in which buccal midazolam/rectal diazepam/Rectal Paraldehyde should not be used

Usually the child's individual healthcare plans from other agencies (such as school) will be used by ORCHYD as long as they have sufficient information on them and have been reviewed within a year of the start of any residential holiday or day trip.

In the event of the child's individual healthcare plan not being available, or inadequate an ORCHYD individual healthcare plan will be written in conjunction with parents and prescribing doctor (residential holidays only). It should be signed by prescribing doctor, parent/guardian and Lead HCP or booking-in HCP. A copy of the child's individual healthcare plan should be kept with the medication at all times, with an additional copy kept in the ORCHYD health information folder. The care plan will only be valid for the duration of the residential holiday.

BUCCAL MIDAZOLAM

Midazolam is a Benzodiazepine which acts specifically on central nervous system and brain to control seizure activity.

Giving medications via Buccal cavity refers to the space between the child's gum and cheek

Controlled Drug Status

From the 1st January 2008 Buccal Midazolam became a schedule three controlled drug. However, the law for this Schedule 3 drug does NOT require safe custody i.e. locked cupboard, nor the need to keep a midazolam controlled drug register. This policy should be viewed in conjunction with ORCHYD's medicines policy especially looking at sections on: - controlled drugs, administration, storage and incident reporting and risk management.

Storage of Buccal Midazolam

- Must be kept in a safe place and out of reach of children. For safety reason medication will be stored in the drug cupboard/trolley when the children are resident. But will be carried by the HCP team/trained volunteer on trips.
- Store at room temperature, out of direct sunlight and away from heat. Do not store in fridge.
- Midazolam which has expired must be returned to child's family to return to chemist. It must not be thrown or flushed away.
- Medication should be stored alongside child's individual care plan.

Administering Buccal Midazolam

Buccal midazolam must be prescribed for the named individual and should only be administered to that child.

1. Check Buccal Midazolam as per medication policy but also refer to Individual Care Plan. Each child will have Buccal Midazolam written up on a medication administration record.
2. Remove cap from top of pre-filled syringe

3. Supporting the head, gently insert syringe into buccal cavity of mouth. This is located between the lower gums and inside of the cheek towards the back of the mouth. Do not place syringe between the teeth.
4. Administer approximately half the prescribed dose on one side of the mouth and then repeat on other side with the other half of the medication. If this is not possible the whole dose may be given on the same side although it may take slightly longer to be effective.
5. Do not massage gums as you are likely to move the solution out of the buccal space. If medicine is lost or swallowed –do not repeat.
6. Continue to support the head/chin to prevent leakage (being careful not to press on the throat) and monitor child's condition. When possible place child in that position for 5-10 minutes, after this time child can be placed into the recovery position until they have recovered.
7. Administering staff member and witness must sign appropriate MAR and fill out record of administration of Buccal Midazolam form (Appendix 3).
8. Parents/guardians should be notified at the earliest opportunity.

Individual care plan may advise giving second dose if no effect is apparent after 10 minutes. However due to the increased risk of side-effects ORCHYD advise to call ambulance and leave decision to paramedics/ hospital staff.

Possible Difficulties to Administration

- Excess salivation
- Injury to mouth
- Unable to access buccal cavity
- Non co-operative/agitated child
- Problems with medication/prescription

Possible Side Effects

- Allergic reaction
- Drowsiness/dizziness/confusion
- Unsteadiness

- Headache/visual disturbance
- Breathing may become slower and shallower
- Short term memory loss
- Nausea/vomiting

Suspected Overdose

An extreme overdose may lead to respiratory depression/arrest or coma (unroutable unconsciousness)

WHEN TO CALL 999

If child has any undesirable side effects (difficulty breathing, blue tinge to extremities or lips) or possibility of overdose

If prescribed dose fails to control seizure

If the child may have received significant injuries as a result of falling

If for any reason you are unable to administer medication

As a precautionary measure if you have any other concerns during or after seizure

RECTAL DIAZEPAM

Diazepam is a Benzodiazepine which acts on central nervous system and brain to control seizure activity

Administration of medication rectally refers to the administration of medication into rectal mucosa through the anal opening.

Storage of Rectal Diazepam

- Keep out of the reach and sight of children. For safety reason medication will be stored in locked receptacle when in the hall.
- Do not store above 25°C.
- Do not use rectal tubes after the expiry date.
- Any out of date medication should be returned to the family to return to pharmacy for disposal

Appropriate Witness

Preferably at least one of people (either witness or person administering) should be same sex as person receiving medication. Where this is not possible it would be advisable for a helper of the same sex to be present when medication is administered.

Administering Rectal Diazepam

1. Check Rectal Diazepam as per medication policy but also refer to Individual Care Plan (see Appendix 2). Each child will have Rectal Diazepam written up on a medication administration record.
2. Put on gloves and remove cap from the rectal tube
3. Identify the rectum (remember child/young person may have been incontinent)
4. Insert the tube into the rectum (back passage) as far as the mark on the nozzle in direction of the belly button.
5. Empty the contents completely by squeezing the tube between the index finger and thumb.
6. When the tube is empty, keeping it squeezed, remove it from the back passage and then throw it away. (there will always be a small amount left in tube)
7. After giving the dose, hold the patients buttocks together for a few minutes
8. If it is expelled- Do not repeat

Difficulties in Administration

- ⊙ Patient privacy and dignity
- ⊙ Access especially if the child/young person is a wheel chair user
- ⊙ Concerns about accessing such an intimate area
- ⊙ Constipation/diarrhoea
- ⊙ Inability to bend during tonic phase

- ⦿ Where patient is when it requires to be administered

Side Effects

1. Drowsiness/sedation
2. Clumsiness/loss of co-ordination
3. Confusion/memory loss
4. Respiration depression
5. Allergic reaction.
6. Hallucinations
7. Agitation/irritability
8. Headache/hangover effect
9. Visual disturbances,
10. Low blood pressure,
11. Stomach upsets or incontinence

Signs of Overdose

An extreme overdose may lead to respiratory depression/arrest or coma (unroutable unconsciousness).

Call 999

- ⦿ If there are any concerns that an overdose may have occurred
- ⦿ If dose of diazepam fails to control seizure
- ⦿ If there are any undesirable side effects
- ⦿ First time administering medication
- ⦿ Possible injury
- ⦿ Unable to administer medication

INDIVIDUAL CARE PLAN FOR THE ADMINISTRATION OF EMERGENCY RESCUE MEDICINES IN
EPILEPSY

BUCCAL MIDAZOLAM



INDIVIDUAL CARE PLAN TO BE COMPLETED BY OR IN CONSULTATION WITH MEDICAL
PRACTITIONER

THESE TREATMENT PLANS MUST BE SIGNED BY A DOCTOR FOR EMERGENCY MEDICATIONS
TO BE ADMINISTERED AT ORCHYD.

NAME OF CHILD: _____

DATE OF BIRTH: / / **APPROXIMATE WEIGHT:** _____ **KG**

WHAT TYPE OF SEIZURE/S DOES YOUR CHILD HAVE WHICH MAY REQUIRE EMERGENCY MEDICATION (Please record details of seizure e.g. goes stiff, falls, convulses down one/both sides of body, normal length of convulsion, how regularly these seizures occur)

1)

USUAL DURATION OF SEIZURE?

2)

USUAL DURATION OF SEIZURE?

Any history of status epilepticus

YES/NO

OTHER USEFUL INFORMATION(e.g. warnings, triggers, normal recovery time, what they are normally like when recovering)

TREATMENT PLAN FOR BUCCAL MIDAZOLAM

1. WHEN SHOULD BUCCAL MIDAZOLAM BE ADMINISTERED? (i.e. is this after a certain amount of time or number of seizures)
2. INITIAL DOSAGE: HOW MUCH BUCCAL MIDAZOLAM IS GIVEN? (Note recommended number of milligrams for this person)
3. WHAT IS THE USUAL REACTION(S) TO BUCCAL MIDAZOLAM, IF KNOWN? (Also note if your child has ever received this medication before and how regularly)
4. WHEN SHOULD 999 BE DIALLED FOR EMERGENCY HELP?

IF PRESCRIBED DOSE OF BUCCAL MIDAZOLAM FAILS TO CONTROL THE SEIZURE.
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OTHER (please give details)

Please note 999 will be called during any situation where staff of ORCHYD are concerned for safety of the child.

5. WHO/WHERE NEEDS TO BE INFORMED

PRESIBING DOCTOR

Name Tel.

Parent/Guardian

Name Tel.

Other

Name Tel.

6. *PRECAUTIONS*: ARE THERE ANY CIRCUMSTANCES IN WHICH BUCCAL MIDAZOLAM SHOULD NOT BE USED?

ALL OCCASIONS WHEN BUCCAL MIDAZOLAM IS ADMINISTERED WILL BE RECORDED

THIS PLAN HAS BEEN AGREED BY THE FOLLOWING

PRESCRIBING DOCTOR (print name)

SIGNATURE

DATE

PARENT/CARER (print name)

SIGNATURE

DATE

TO BE COMPLETED AT ORCHYD HOLIDAY

LEAD HCP

NAME

SIGNATURE

DATE

SECOND HCP

NAME

SIGNATURE

DATE

FORM TO BE HELD BY NURSE/HCP AND TAKEN ON EVERY OUTING

FORM VALID ONLY FOR DURATION OF ORCHYD HOLIDAY

INDIVIDUAL CARE PLAN FOR THE ADMINISTRATION OF EMERGENCY MEDICINES IN EPILEPSY

RECTAL DIAZEPAM



INDIVIDUAL CARE PLAN TO BE COMPLETED BY OR IN CONSULTATION WITH MEDICAL
PRACTITIONER

THESE TREATMENT PLANS MUST BE SIGNED BY A DOCTOR FOR EMERGENCY MEDICATIONS
TO BE ADMINISTERED AT ORCHYD.

NAME OF CHILD

DATE OF BIRTH

WEIGHT _____

WHAT TYPE OF SEIZURE/S DOES YOUR CHILD HAVE WHICH MAY REQUIRE EMERGENCY MEDICATION (Please record details of seizure e.g. goes stiff, falls, convulses down one/both sides of body, normal length of convulsion, how regularly these seizures occur)

1)

USUAL DURATION OF SEIZURE?

2)

USUAL DURATION OF SEIZURE?

Any history of status epilepticus YES/NO

(If yes please note whether this was convulsive, partial or absence)

OTHER USEFUL INFORMATION(e.g. warnings, triggers, normal recovery time, what they are normally like when recovering)

TREATMENT PLAN FOR RECTAL DIAZEPAM

1. WHEN SHOULD RECTAL DIAZEPAM BE ADMINISTERED? (i.e. is this after a certain amount of time or number of seizures)

2. INITIAL DOSAGE: HOW MUCH RECTAL DIAZEPAM IS GIVEN? (Note recommended number of milligrams for this person)

3. WHAT IS THE USUAL REACTION(S) TO RECTAL DIAZEPAM? (Also note if your child has ever received this medication before and how regularly)

4. WHEN SHOULD 999 BE DIALLED FOR EMERGENCY HELP? (TICK APPROPRIATE BOXES)

IF PRESCRIBED DOSE OF RECTAL DIAZEPAM FAILS TO CONTROL THE SEIZURE

OTHER (please give details)

Please note 999 will be called in instances where the child has never previously received emergency medications or any other situation where staff of ORCHYD are concerned for safety of the child

5. WHO/WHERE NEEDS TO BE INFORMED

PRESRIBING DOCTOR

Name

Tel.

Parent/Guardian

Name

Tel.

Other

Name

Tel.

6. *PRECAUTIONS*: ARE THERE ANY CIRCUMSTANCES IN WHICH RECTAL DIAZEPAM SHOULD NOT BE USED?

ALL OCCASIONS WHEN RECTAL DIAZEPAM IS ADMINISTERED WILL BE RECORDED

THIS PLAN HAS BEEN AGREED BY THE FOLLOWING

PRESCRIBING DOCTOR (print name)

SIGNATURE

LEAD HCP

NAME

SIGNATURE

DATE

ORCHYD COMMITTEE MEMBER/TRUSTEE

NAME

SIGNATURE

DATE

FORM TO BE HELD BY NURSE/HCP AND TAKEN ON EVERY OUTING

FORM VALID ONLY FOR DURATION OF ORCHYD HOLIDAY

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Record of Use of Emergency Medication

Child's Name.....

Date/Time			
Type Of Seizure			
Length/Number Of Seizures			
Name Of Medication			
Dose Given			
Outcome			
Observations			
Parent/Guardian Informed			
Prescribing Dr Informed			
Other Information			
Signature of Administrator			
Signature of Witness			