



SOP GEN 08 – Seizure Management

Procedure Number	SOP GEN 08
Purpose of Document	To ensure that the correct preparation, procedure & outcome are achieved by implementing a consistent and systematic approach to the procedure of seizure management
Target Audience	All Nurses & appropriately trained carers in the community setting.
Version	V3
Author	Karen Matthews-Shard
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Review Frequency	3 yearly or when clinical or operation guidelines change
Next Review Date	November 2025
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A

Document History			
Version	Date	Changes made/comments	By whom
V1	Dec 2016	Implementation of document history page	KNF/SJ
V2	Nov 2019	3 Yearly Review	Clinical Advisory Group
V2.1	Oct 2020	Updated re rebrand	CC
V2.2	May 2022	Terminology Change	AM
V3	Dec 2022	Reviewed and Updated	Clinical Advisory Group

Acacium Group Standard Operating Procedure

1. Introduction

A seizure is a single occurrence, whereas epilepsy is a neurological condition characterised by two or more unprovoked seizures

Epilepsy affects around one in every 100 people in the UK. Every day, 87 people are diagnosed. One in every four people newly diagnosed with epilepsy is over the age of 65. One in every 220 children will have a diagnosis of epilepsy, but anyone can develop epilepsy.

If the correct care is not provided the safety of the client may be compromised.

2. Aim

The aim of seizure management is to ensure that during a seizure the safety of the client is considered paramount and to identify when emergency treatment may be required. Following a seizure, the aim of care is to provide a safe and calm environment to aid full recovery.

3. Who may undertake this procedure

All Acacium Group workers are trained and assessed as being competent are required to provide care during a seizure so should be confident at recognising a seizure for that particular client they are caring for and follow the seizure management protocol/care plan and taking the necessary actions.

4. High risk individuals

Those at high risk include:

- Those with history of seizures
- Cerebral circulatory disorders e.g. stroke, cerebral palsy
- Drug overdose
- Hypoglycaemia
- High fever (Febrile convulsion -especially children)
- Conditions such as kidney or liver disease
- Neurodegenerative disorder i.e. Alzheimer's
- Head injury/brain tumours
- Metabolic disorders
- Alcohol Dependant

5. Consent

Please read Acacium Group Policy on consent thoroughly and ensure valid consent has been gained.

Please now ensure you understand the Consent Policy and Mental Capacity Act in full.

6. Client and relatives/carers involvement

The client and relatives or carers should be fully involved in the care of a person with epilepsy. It is expected that the client and relatives or carers will have received guidance how to look after someone who is having a seizure and when a seizure should be seen as a cause for concern.

7. Client information

As part of obtaining valid consent, the risks, benefits and alternatives to treatment will have been discussed.

Procedures must be explained fully in order to gain full cooperation with the procedure.

The client and /or their relatives or carers or Acacium Group should contact the GP if they are concerned about deterioration of the client such as increase in the frequency of seizures or severity or feel that medication is not well tolerated.

8. Documentation

All episodes of care and observations must be recorded clearly in the care record. The following should be documented: start time of seizure; time seizure ended; any injuries incurred; type of movement, any procedure and parts of the body involved; sleep post-seizure; if consciousness was lost; any medication administered including name, dose and route and the effect that medication has had.

Any review of care and changes must be clearly documented in the care plan, medication changes documented on the MAR chart and a copy of any seizure protocols/management plans saved to the clients file.

9. Management of seizures

Clients who have had epilepsy for some time may have a warning sign before a seizure called an aura. This is an ideal time to take, where possible, safety measures in preparation for the seizure to promote safety.

10. Medication administration during a seizure

Acacium Group workers should be made aware if a client has epilepsy and be aware whether the client has any medication prescribed that may need administering during a seizure. All clients' individual seizure management plan needs to include all medications and doses that are to be administered for the management of a seizure.

Medication prescribed as part of the seizure management plan will vary – it may be rectal paraldehyde, diazepam or sometimes buccal or nasal midazolam. They are usually administered five minutes after the commencement of a seizure, if it would appear that the seizure is not easing/ceasing or there has been three seizures within an hour. (This will depend on each individual client and seizure management plan).

The medication is fast acting and must be prescribed and documented on the MAR chart.

11. Vagal Nerve Stimulation (VNS)

The vagus nerve is the longest of the 12 pairs of cranial nerves that come from the brain. It has two bunches of sensory nerve cell bodies and connects the brainstem to the body. VNS therapy is a treatment for epilepsy that involves a stimulator (pulse) which is connected to the left vagus nerve. The stimulator sends regular, mild electrical pulses (stimulations) through the vagus nerve to help calm down the irregular electrical brain activity that leads to seizures. The device is implanted under the skin. The aim of VNS therapy is to reduce the number, length and severity of seizures. It has been reported that patients that VNS therapy has also helped with better recovery in the postictal period, improved feeling of well-being, better mood and improved alertness, memory and thinking skills.

A magnet is used to generate a pulse (stimulation) in accordance with programmed magnet settings. The magnet must be swiped across the device at the beginning of any seizure activity, this should take no longer than 3 seconds. This can be effectively used over a maximum of 2 layers of clothing.

12. Procedure

	Action	Rationale
1.	Stay calm.	Observing an epileptic seizure can be quite frightening but it is important for the client that you remain calm to support the client.
2.	Check is the person in a dangerous place. If not, don't move them. Move objects like furniture away from them.	It is important that the client is not put at additional risk.
3.	Note the time the seizure starts.	To measure how long the seizure lasts in order to gauge next steps.
4.	Stay with them. If they don't collapse but seem blank or confused, gently guide them away from any danger. Speak quietly and calmly. Administer O2 if available and prescribed.	A person having a seizure requires a reassuring approach.
5.	Cushion their head with something soft if they have collapsed to the ground.	To minimise further damage.
6.	Don't hold them down.	Restricting movement is likely to increase harm.
7.	Don't put anything in their mouth.	Forcing something into the mouth can add to injury or cause choking.

8.	Check the time again. If they have been having a convulsive seizure for more than five minutes or if it is their first seizure, call for an ambulance 999. Follow clients individual seizure management plan and care plan.	There is evidence that the seizure may take a long time to resolve and further medication and emergency procedures may need to be performed.
9.	Check whether the client is prescribed medication and consider administration of medication if the seizure has not started to ease, in line with the seizure management plan.	To prepare to administer emergency medication to relieve the seizure.
10.	If administering medication, check: <ul style="list-style-type: none"> • Drug name and dose • Expiry date • Route for administration • Allergies • Prescription • Time medication last administered 	To ensure safe medication administration.
11.	After the seizure has stopped, put the client into the recovery position if possible or a position that protects the airway and check that their breathing is returning to normal. Gently check their mouth to see that nothing is blocking their airway such as food or false teeth. If their breathing sounds laboured after the seizure has stopped or if concerned at all about the client's condition call for an ambulance.	To aid gentle recovery and maintain an open airway.
12.	Stay with them until they are fully recovered and ensure their privacy and dignity is maintained. Reassure them according to their needs. If they are injured, or they have another seizure without recovering fully from the first seizure, call for an ambulance.	To support smooth recovery. To ensure timely emergency seizure management or management of uncontrolled epilepsy.

13.	Document details of seizure and medications administered in the progress notes and seizure record form and sign for medication administered on the MAR chart.	To provide evidence of the seizure type, duration and interventions carried out.
14.	Document any injuries or skin integrity concerns on a body map and report on Datix.	

13. Related documents

POLICY:

CLIN 06 Acacium Group Consent Policy
CLIN 22 Acacium Group General Care Policy

SOPs:

SOP MEDS 16 Administration of Buccal or Sublingual Medications
SOP MEDS 03 Rectal Administration
VNS
Tissue Viability
Incident reporting

14. References

- The Royal Marsden Manual of Clinical Nursing Procedures. 10th ed. London: Wiley-Blackwell. Sara Lister (Editor), Justine Hofland (Editor), Hayley Grafton (Editor). (2020).
- The National Society for Epilepsy; Ten first aid steps when someone has a seizure – September 2015. https://www.epilepsysociety.org.uk/10-first-aid-steps-for-convulsive-seizures#.V_PMqfkrIdU
- NHS Clinical Knowledge Service; Anti-epileptic drugs; 2008; Epilepsy Research UK - 29th January 2011;
http://www.cks.nhs.uk/patient_information_leaflet/epilepsy_anti_epileptic_drugs_faqs_eruk
- Patients guide for Epilepsy, VNS Therapy, LivaNova Belgium NV. May 2019
- Factsheet 6, VNS therapy: Epilepsy Society, September 2019
- Epilepsies in children, young people and adults NICE guideline [NG217] 2022

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group standard operating procedure (SOP), the SOP herein applies to all trading companies detailed below:

Thornbury Community Services (TCS)

At Thornbury Community Services (TCS), high quality care is our number one priority. With a team of exceptional and conscientious nurses and care staff, we're able to deliver the best complex care at home or in the community, 24/7 or whenever you need it. With compassion, integrity and dedication, we help empower individuals to achieve personal aspirations, as well as providing care tailored to their needs. Making a positive difference to our client's lives is our passion and it's this that sets us apart.



Part of Acacium Group

Thornbury Community Services Learning Disability & Autism (TCS LDA)

Thornbury Community Services (TCS), provide specialist outcome-focused support for children and adults who are diagnosed with a learning disability and/or autism, who may present with behaviours of concern. Working in close partnership with commissioners, local authorities, hospital teams, our clients and their families; providing bespoke healthcare services, offering tailored care for every individual we support. We have a proven track record of supporting individuals with learning disabilities and/or autism and a reputation for delivering excellence across all aspects of case management.



Part of Acacium Group

Our vision is to increase personal choice and to empower people with a learning disability and/or autism to live fulfilling and rewarding lives and be an active member of their own community.

Pulse Nursing at Home

Pulse Nursing at Home provides flexible, bespoke care for people living in their own homes and communities. We provide a lifetime solution that can adapt to changing healthcare needs.

We're passionate about our people and proud that the services we provide achieve the highest standards of compassionate care, supporting choice and empowering our clients to live the life they want.



Part of Acacium Group

Thornbury Nursing Services (TNS)

Established in 1983, TNS is one of the UK's leading independent nursing agencies, providing skilled nurses on a temporary or permanent basis throughout England and Wales.



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TNS believe it is more important than ever to offer high quality, clinical care at home and in the community.

TNS specialist community nurses and carers provide temporary nursing and care support for clients at home. They're ready to step in to support discharge plans, prevent hospital admissions, maintain client safety and support uncertain rosters.

Service TNS offers

- Temporary staffing to cover shortfalls in existing shift rotas
- Backfilling for interim cover during recruitment periods
- Rapid response to facilitate early discharge and to avoid hospital admission
- A staffing solution to stabilise complex mental health cases in crisis
- A CQC registered staffing service – currently rated 'outstanding'
- Assistance in stabilising staffing in long term complex care packages
- Support for both adults and paediatrics
- A nurse-led team contactable 24 hours a day, 7 days a week

Scottish Nursing Guild (SNG)

Established in 1995, SNG, as part of Acacium Group, is one of Scotland's leading independent nursing agencies, providing skilled nurses on a temporary basis to major NHS trusts, and private sector clients, throughout Scotland, Northern Ireland and Republic of Ireland.



Part of Acacium Group

Service SNG offers

- A nurse-led team with full case management if needed, including compiling individualised care plans and risk assessments with ongoing support from Case Manager
- Care support for as long as you need us, from a few hours to 24/7
- Our office is contactable 24 hours a day, 7 days a week
- Rapid response to make early discharge possible or to avoid hospital admission
- Highly skilled nurses to provide home-based specialist care tailored to the specific needs of clients with complex care requirements
- Ad-hoc staffing to cover shortfalls in existing shift rotas or provide interim cover during recruitment periods
- Help stabilising staffing in long term complex care packages
- Palliative / end of life nursing care for clients who wish to remain at home
- Care provision for clients who need assistance with personal and/or social care support
- Support for both adults and children
- Support for clients no matter how complex their care needs
- Respite care to support clients either at home or away from home