Epilepsy and Updates in Rescue Medication Therapies

Cynthia L. Leino-Handford, RN
Education and Advocacy Specialist
Epilepsy Foundation of Michigan
Hello! A few details before we get started…

- Locate the orange arrow (in the upper right hand corner of the screen), this toggles your Go To Webinar control panel. If you’ve joined via the app on your phone, the control panel is in a pull-down menu at the top or bottom of your screen.

- If you have an issue with your audio, open the AUDIO tab in the control panel and do the Mic & Speakers “Sound Check”.

- Participants are muted for this presentation. Questions/comments can be typed into the GTW question/chat window within the control panel.

- A link to the handouts will be shared in the chat area.

- The link for the session’s evaluation will be shared in the chat area.

- If you “lose” the GTW screen, click on the blue flower icon in your taskbar.
CREDITS
Managing Students with Seizures; The Importance of School Nurses an online education program by the National Epilepsy Foundation, 11/2017

Using Rescue Therapies In Epilepsy Care an addendum to the online school nurses program by the National Epilepsy Foundation 11/2018

Advocating for IEPS and 504s for Students with Epilepsy an addendum to the online school nurses program by the National Epilepsy Foundation 11/2018

Rescue Therapies in Epilepsy a Webinar by the National Epilepsy Foundation, 10/7/2019
LEGAL DISCLAIMER

This presentation is an overview of some rescue therapies by the Epilepsy Foundation of Michigan and does not constitute medical advice. This module serves as supplemental education and does not take the place of a prescribing provider’s orders or instructions for an individual patient.
PROGRAM GOAL

By the end of this presentation, participants will gain a better understanding of rescue medication therapies for seizures and how to incorporate the use of these meds in schools with seizure planning.
PROGRAM OBJECTIVES

By the end of this presentation, participants will:

• Know the various types of rescue therapies available in epilepsy and their proper use and administration

• Be able to determine how to incorporate rescue therapies in a seizure plan for schools to use

• Incorporate accommodations in 504/IEP that will enable non-licensed personnel and schools without school nurses to follow a parent/physician collaborated seizure plan and administer rescue medications and recovery as ordered
RESCUE THERAPIES: THE BASICS
WHAT ARE RESCUE THERAPIES/MEDICATIONS?

• Seizure medications intended for intermittent or “as needed” use
  • Does not take the place of daily seizure medications.

• Not intended to take place of emergency medical care

• Works in brain quickly – can stop seizures or lessen their severity quickly

• Intended for use outside of hospital setting
RESCUE THERAPIES FOR “AS NEEDED” USE

• To stop cluster seizures or acute repetitive seizures
• To stop seizures lasting longer than usual
• Prevent progression to established status epilepticus
• When seizures occur different from usual type/pattern
• For breakthrough seizures during high-risk times (medicine changes, illness & missed daily medicine)
• To prevent emergencies
WHEN ARE RESCUE THERAPIES NEEDED?

Specific instructions on when to use therapies will vary for each person and depend on type of therapy and types of seizures experienced.
How are rescue medication / treatments given?

• Rectal
• Intranasal
• Buccal
• Sublingual

***Magnet swipe for vagus nerve stimulation
WHY RESCUE MEDICATIONS IN SCHOOLS?

• Prevent more serious life threatening Status epilepticus, prolonged seizures and possible even death

• Designed for administration by non-medical personnel (medical license not required to administer, teachers and school personnel can administer if trained)

• Epilepsy Foundation’s Professional Advisory Board agrees non-medical personnel can safely administer rescue medications
BEFORE USING A RESCUE THERAPY

Parents and School personnel must -

• Know student’s typical seizure type and pattern
• Recognize atypical seizures
• Collaborate with health care team:
  • Need for rescue therapy
  • Instructions and next steps
  • Need for EMS
• Develop Seizure Action or Response Plan i.e. SAP)
CARE AFTER USING RESCUE MEDICATION (RECOVERY)

• Can be done in schools (accommodation)
• Maintain student’s safety
• Check airway, breathing & circulation
• Side effects of benzodiazepines
  • Sedation, disorientation, confusion, amnesia
  • Fatigue, weakness, dizziness, unsteady walking
  • Rare respiratory depression
• Follow Seizure Action Plan
• Call EMS (911) if indicated by student’s situation or seizure action plan
CLUSTER SEIZURES AND EMERGENCIES
WHAT ARE CLUSTER SEIZURES?

• Part of how epilepsy can be expressed

• Also called acute repetitive seizures, bouts of seizures

• No clear consensus on terms & definitions between people with epilepsy, families & caregivers\(^1\)

• Self-reported clusters in 29% of people in a seizure diary study - defined as 3 or more seizures in 24 hours\(^2\)

• Can be a precursor to status epilepticus.
WHAT IS STATUS EPILEPTICUS?

**Convulsive**

- Active part of tonic-clonic seizure lasts 5 minutes or longer
- Second seizure without recovering consciousness from first seizure.
- Repeated seizures for 30 minutes or longer
WHAT IS STATUS EPILEPTICUS?

Nonconvulsive

- Long or repeated absence or focal seizures
- Persistent confusion, not fully aware
- Harder to recognize as symptoms are more subtle
- May be hard to separate seizure symptoms from recovery period
- No consistent time frame on when nonconvulsive seizures are an emergency
STATUS EPILEPTICUS

How Often Does Status Epilepticus Occur?

- Incidence is highest in children (<10 yrs) and older adults (> 60 yrs)$^3$
- 50,000-150,000 Americans develop status epilepticus each year$^4$
- This is the first seizure in 12% of people!
- Mortality from status epilepticus varies$^4,5$
  - 3% in children
  - Up to 30% in adults
USING RESCUE THERAPIES
Using Rescue Therapies in Epilepsy Care

DRUG PROPERTIES

Properties of Ideal Drug for Rescue Therapy

- Effective against all seizure types
- Safe at usual therapeutic doses
- Potent in small volumes
- Quick, easy & safe to administer
- Rapid onset of action within minutes
- Long duration of action
- Few or no monitoring requirements
## RESCUE THERAPIES

### How Fast Do They Begin Working?

<table>
<thead>
<tr>
<th>Route of Administration</th>
<th>Delay Time for Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intravenous route</td>
<td>30-60 seconds</td>
</tr>
<tr>
<td>Intranasal route</td>
<td>1-5 minutes*</td>
</tr>
<tr>
<td>Sublingual route</td>
<td>3-5 minutes</td>
</tr>
<tr>
<td>Intramuscular route</td>
<td>10-20 minutes</td>
</tr>
<tr>
<td>Rectal route</td>
<td>5-30 minutes</td>
</tr>
<tr>
<td>Ingestion</td>
<td>30-90 minutes</td>
</tr>
<tr>
<td>VNS</td>
<td>Potential abortive treatment</td>
</tr>
</tbody>
</table>

*Under development*
OPTIONS FOR RESCUE THERAPIES

- **Diastat ® AcuDial TM** (FDA approved for ages 2 and up)
- Intranasal midazolam (Nazilam for 12 years old and up)
- Intranasal diazepam (Valtoco for 6 years old and up)
- Buccal or Sublingual Ativan, Klonopin, Diazepam

EFA Video on Rescue Therapies

How to use Rescue Therapies
RECTAL DIASTAT

**Advantages**
- Can be used easily and safely in conscious or unconscious adult or child
- Is rapidly absorbed
- Most common SE sleepiness
- Respiratory depression not significant

**Disadvantages**
- May need someone to give it
- May be difficult to give to large person, someone in wheelchair, or to person moving during administration
CHILD ADMINISTRATION INSTRUCTIONS

1. Put person on their side where they can’t fall.
2. Get medicine.
3. Get syringe. Note: seal pin is attached to the cap.
4. Push up with thumb and pull to remove cap from syringe. Be sure seal pin is removed with the cap.
5. Lubricate rectal tip with lubricating jelly.
6. Turn person on side facing you.
7. Bend upper leg forward to expose rectum.
8. Separate buttocks to expose rectum.
9. Gently insert syringe tip into rectum. Note: rim should be snug against rectal opening.

COUNT OUT LOUD TO THREE...1...2...3

10. Slowly count to 3 while gently pushing plunger in until it stops.
11. Slowly count to 3 before removing syringe from rectum.
12. Slowly count to 3 while holding buttocks together to prevent leakage.

ONCE DIASTAT® IS GIVEN

13. Keep person on the side facing you, note time given, and continue to observe.

CALL FOR HELP IF ANY OF THE FOLLOWING OCCUR

- Seizure(s) continues 15 minutes after giving DIASTAT® or per the doctor's instructions:
- Seizure behavior is different from other episodes
- You are alarmed by the frequency or severity of the seizure(s)
- You are alarmed by the color or breathing of the person
- The person is having unusual or serious problems

Local emergency number: ________________ Doctor's number: ________________
(Please be sure to note if your area has 911)
Information for emergency squad: Time DIASTAT® given: ________________ Dose: ________________

DIASTAT® Indication
DIASTAT® AcuDial™ (diazepam rectal gel) is a gel formulation of diazepam intended for rectal administration in the management of selected, refractory patients with epilepsy, on stable regimens of AEDs, who require intermittent use of diazepam to control bouts of increased seizure activity, for patients 2 years and older.

Important Safety Information
In clinical trials with DIASTAT®, the most frequent adverse event was somnolence (23%). Less frequent adverse events reported were dizziness, headache, pain, vasodilation, diarrhea, ataxia, euphoria, incoordination, asthma, rash, abdominal pain, nervousness, and rhinitis (1%-5%).

DiaStat (diazepam rectal gel) DiaStat AcuDial (diazepam rectal gel)

DISPOSAL INSTRUCTIONS ON REVERSE SIDE

D955-0308
INTRANASAL MEDICINES (VALTOCO AND NAYZILAM)

Advantages
• Rich blood supply gives direct route into blood stream
• Rapid absorption
• Rates of absorption and plasma concentrations comparable:
  • IV
  • Better than SQ and IM
• Easy to use, convenient, safe

Disadvantages
• Special delivery apparatus
• Consider head position
• Possible irritation of respiratory tract
• Needs patient cooperation
• Needs patent airway
• Volume limitations to each nares
• Potential for drainage
Nayzilam (FDA Approved 2020)

**Intranasal Midazolam (Nayzilam®)**

- Indicated for acute treatment of intermittent, stereotypic episodes of frequent seizure activity, such as seizure clusters, acute repetitive seizures,
  - Events are distinct from a person’s usual seizure pattern
  - Approved for use in people with epilepsy 12 years of age and older
- Able to be given by non-medical people
- Each spray for one time use, 5mg/0.1ml spray
- Second spray used if seizure persists after 10 min

**Side Effects**
- Sleepiness
- Headache
- Nasal discomfort
- Runny nose
- Throat irritation

Follow your Seizure Action Plan and prescription to confirm drug, dose, and how to give.
Valtoco ( FDA approved 2020) Intranasal Diazepam

• Supplied in 5mg, 7.5mg or 10mg Diazepam in 0.1ml dosage
• prescribed to help stop periods of increased seizures or seizure clusters
• Approved for adults and children age 6 years and older.
• VALTOCO 5 mg and 10 mg doses are administered as a single spray IN into one nostril. Administration of 15 mg and 20 mg doses requires two nasal spray devices, one spray into each nostril. A second dose can be given after 4 hours
• Available through Maxor Specialty Pharmacy only
• Most common adverse reactions (at least 4%) were somnolence, headache, and nasal discomfort
• no more than one episode every five days and no more than five episodes per month.
Example of one older type of intranasal device. Instructions will vary depending on atomizer being dispensed and for each drug.

**LMA® MAD Nasal™ Intranasal Mucosal Atomization Device**

- **Soft conical plug**: The plug forms a seal with the nostril preventing expulsion of fluid.
- **Malleable stylet**: The malleable stylet allows 360° positioning of the nasal plug.
- **Atomization spray**: The spray atomizes drugs into a fine mist of particles 30-100 microns in size.
- **Pressure**: High applied pressure ensures that drugs are atomized into a fine mist of particles through the tip of the plug.

*For use with drugs approved for intranasal delivery*
INSTRUCTIONS FOR USE
For 5 mg and 10 mg Doses

Important: For Nasal Use Only.
Check the expiration date before use.
Do not remove VALTOCO until ready to use. Do not test VALTOCO.
Keep out of reach of children.
Inspect VALTOCO for damage. If damaged, you may not receive the full dose.

You and your family members, caregivers, and others who may need to administer VALTOCO should read these instructions for Use that come with VALTOCO before using it. Talk to your healthcare provider if you, your caregiver, or others who may need to administer VALTOCO have any questions about the use of VALTOCO.

Safely secure the person
If the person appears to be having a seizure, gently help them to the floor and lay them on their side in a place where they cannot fall.
The person can be on either their side or back to receive VALTOCO.
Move objects and furniture away from the person to avoid injury.

Give VALTOCO 5 mg dose or 10 mg dose. 1 dose equals 1 nasal spray device.
Device sprays once time only.

Important: Do not test or prime VALTOCO.

Step 1: Remove 1 VALTOCO blister pack from the box.
Each blister pack contains 1 nasal spray device. 1 device contains 1 dose.

Step 2: Hold VALTOCO with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

Step 3: Gently insert the tip of the nozzle into 1 nostril until your fingers, on either side of the nozzle, are against the bottom of the person's nose.

Step 4: Press the bottom of the plunger firmly with your thumb to give VALTOCO.

Step 5: Remove VALTOCO from the nose after giving the dose.
Each individual VALTOCO contains 1 single spray.
Throw it away (discard) after use.

After giving VALTOCO, evaluate and support
Keep or move the person onto their side, facing you, so that you can watch them closely.
Loosen any tight clothing and provide a safe area where the person can rest.

Call for emergency help if any of the following happen:
- Seizure clusters are different from that of other seizures the person has had
- You are alarmed by how often the seizures happen, by how severe the seizures are, by how long the seizures last, or by the color or breathing of the person

Make a note of the time VALTOCO was given and continue to watch the person closely.

Time of first VALTOCO dose: ________________ Time of second VALTOCO dose (if given): ________________

The healthcare provider may prescribe another dose of VALTOCO to be given at least 4 hours after the first dose. If a second dose is needed, repeat Steps 1 through 5 with a new blister pack of VALTOCO. If the person is not having a seizure when the second dose of VALTOCO is given, it may be given to the person when they are lying down, standing, or sitting.

For more information about VALTOCO, please visit www.valtoco.com or call 1-895-596-3875. You are encouraged to report side effects of prescription drugs to the FDA by visiting www.fda.gov/medwatch or by calling 1-800-FDA-1233.

This Instructions for Use has been approved by the U.S. Food and Drug Administration. Issued 1/2020

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US-Pat-20-00007 1/2020
SUBLINGUAL OR BUCCAL ADMINISTRATION (KLONOPIN, ATIVAN)

Advantages
- Rapid absorption
- Dissolves easily
- Enters blood directly
- No refrigeration
- Easy to carry

Disadvantages
- Can be inconvenient
- Potential irritation of mucus membrane
- May swallow medicine
- Taste
- Liquid may need refrigeration
- Risk of aspiration
- Risk of being bitten
SUBLINGUAL OR BUCCAL ADMINISTRATION

Consult student’s SAP and prescription to confirm drug, dose, route and administration orders

• **When to administer**
  • Avoid giving buccal or sublingual during loss of awareness
  • Can be given between seizures

• **How to administer**
  • With gloved hands, use gauze pad to dry cheek & gum
  • Place tablet in pocket between cheek & gum or under tongue as directed
  • Gently rub to promote absorption
  • Observe response, provide care & comfort
  • Consult action plan for postictal care and when to notify parent or provider
  • Call 9-1-1 if directed
VAGUS NERVE STIMULATION THERAPY (VNS)

• Approved for treatment for chronic epilepsy when medicines don’t work, surgery doesn’t work or not feasible

• Magnet - form of intervention to abort seizure
  • Used for any seizure type
  • Provides on-demand stimulation

• To stop seizure: swipe magnet over generator implanted in chest, count 1-1,000-1,

• To stop stimulation: tape magnet over generator
VAGUS NERVE STIMULATION

- Vagus nerve
- Electrodes
- Pulse generator
What's the plan?

SEIZURE ACTION PLANS
SEIZURE ACTION/HEALTH PLAN (SAP)

A comprehensive plan of action authorized by the parents or guardians, physicians, and staff in the event of a seizure or seizure activity. SAP’s instruct school personnel on what to do when a student has a seizure.

- Not a stand-alone legal document
- MUST be added to an IEP or 504 plan for it to be part of the legal document
CREATING A SEIZURE ACTION PLAN

- Parent/guardian should complete and sign questionnaire regarding seizure history
  - Include seizure types, duration, triggers, medications and side effects, surgeries, implants (VNS), behaviors before, during, and after seizure

- Medical team:
  - Clarify treatment of student
  - Response to seizure plan formed
  - Contact information
  - When to call for medical assistance (911)
  - Rescue medications – how and when to administer
SAPS & RESCUE MEDICATIONS

- Requires signed orders from prescribing health care provider

- Seizure Action Plan must include:
  - Drug name & dose & route
  - Indications for use
  - When drug is to be given
  - How to give drug
  - Contraindications

- SAPS- communication tool for physician, school nurse, teachers & staff. All staff should have access (i.e. teachers, buss drivers, aides teachers OT, PT ST etc.)

- SAPS must be updated annually.
Seizure Action Plan

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

Student's Name: Sue Smith
Date of Birth: 3/15/2010

Parent/Guardian
Phone: 734-454-0578
Cell: 734-459-4101

Other Emergency Contact
Phone: Cell:

Treating Physician
MD: Jonathan Allen
Phone: 734-285-9720

Significant Medical History

Absence / Generalized Seizure
Staring Spells

Seizure triggers or warning signs:

Student's response after a seizure:

Last seizure: 2/22/19

Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

If seizure lasts more than 5 minutes

Does student need to leave the classroom after a seizure? Yes □ No □

If YES, describe process for returning student to classroom:

Emergency Response

A "seizure emergency" for this student is defined as:

Seizure Emergency Protocol (Check all that apply and clarify below):
- Contact school nurse at
- Call 911 for transport to
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other

Treatment Protocol During School Hours (Include daily and emergency medications)

Drug: Diazepam
Dosage & Time of Day Given: 10 mg

Common Side Effects & Special Instructions

Rectal for seizures lasting more than 5 minutes

Does student have a Vagus Nerve Stimulator? Yes □ No □ If YES, describe magnet use:

Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Describe any special considerations or precautions:

Physician Signature: Daniel W. Date: 3/4/19
Parent/Guardian Signature: Date: 3/8/19
**Seizure Action Plan**

Effective Date: 3/4/2020

This student is being treated for a seizure disorder. This information below should assist you if a seizure occurs during school hours:

**Student's Name:** Sue Smith  
**Date of Birth:** 3/15/2010

**Parent/Guardian:** Cindy Smith  
**Contact Numbers:**  
- Cell: 789-456-0533  
- Office: 734-459-4101

**Other Emergency Contact:**  
- Mark Smith (Father)  
- Phone: 734-520-5904

**Treating Physician:**  
- James Allen MD - Neurologist  
- Phone: 734-285-9220

**Seizure Information:**

**Seizure Type:** Absence, Epilepsy - 1x of Generalized, Grand Mal  
**Seizure Attacks:**
- **Absence:** 5-20 sec weekly starting unresponsive, quick return to normal
- **Grand Mal:** 3 min 1x year, fall unconscious, excessive salivation, incontinence

**Seizure triggers or warning signs:**

Student's response after a seizure:
- He does not know what happened during seizure.

**Basic First Aid:** Care & Comfort

Please describe basic first aid procedures:

- Stay calm, stay-safe, set time-side
- If unconscious, for Grand Mal: Absence, Recovery

Does student need to leave the classroom after a seizure?  
Yes  
No

**YES** describes process for returning student to classroom:

GMTC Absence

**Emergency Response:**

A "seizure emergency" for this student is defined as:

- Absence  
- GMTC Seizure lasting > 5 minutes

**Seizure Emergency Protocol**  
(Blank, Fill In, and Designate Sheet)

- Call 911 for emergency to transport
- Notify parent of emergency
- Administer emergency medications as indicated below
- Notify doctor
- Other call

**GMTC Absence**

- No

**Basic Seizure First Aid**

- Stay calm & keep time  
- Keep child safe  
- Do not restrain  
- Do not put anything in mouth  
- Stay with child until fully conscious

**GMTC Absence**

- Record seizure in log  
- For tonic-clonic seizures:
  - Protect head  
  - Keep airway open, vision breathing  
  - Turn child on side

**Treatment Protocol During School Hours**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Time of Day Given</th>
<th>Common Side Effects &amp; Special Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valium IN</td>
<td>10 mg q4Hr</td>
<td>Sedation, sleepy, headache, pass retention</td>
</tr>
</tbody>
</table>

Does student have a Vagus Nerve Stimulator?  
Yes  
No

**Special Considerations and Precautions:**

- Do not over stimulate or shut off VNS
- Keep on side

Physician Signature:  
Date:

Parent/Guardian Signature:  
Date:
USE OF AN IEP / 504 FOR MEDICAL ACCOMMODATIONS
WHAT KIND OF SUPPORT DOES THE STUDENT NEED? IEP?

- IEP or Individual Education Program is the design of a qualifying student’s education program.
  - An ongoing arrangement between family and school

- Every component is a team decision

- There are 13 disability areas
  - Epilepsy falls under “Other Health Impaired”

- Each qualifying area must have measurable goals
  - Areas can be both educational and functional (which can include medical)

- Goals are written to assist student in learning and improving skills adapted to meet their needs
WHO DEVELOPS THE IEP?

- An IEP team is comprised of the following:
  - Student’s parents
  - At least one regular education teacher (if some services occur in a regular education classroom)
  - One special education teacher
  - A person knowledgeable of student’s needs (Can include district or school nurse)
  - Local Education Agency (LEA) representative of public school system (public & charter) must be present. LEA needs to be well-informed about both general & special education programs
  - Teacher and/or evaluator must share all evaluation results and ongoing data
HOW LONG DOES AN IEP LAST?

- One year but can be adjusted at any time (i.e. addendums)
- During next IEP team meeting, a new education program can be developed
- Students must be reassessed at 3-year intervals or sooner if team requests
- Ongoing team communication is essential for student’s development (i.e. and medical needs/condition)
<table>
<thead>
<tr>
<th>IEP Date:</th>
<th>Purpose of IEP Meeting:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Additional Purpose:</td>
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</table>

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>UIC:</th>
<th>DOB:</th>
<th>Age:</th>
<th>years and</th>
<th>month(s):</th>
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<tbody>
<tr>
<td>Gender:</td>
<td>Resident District:</td>
<td>Attending District:</td>
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<td></td>
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<tr>
<td>Attending School:</td>
<td>Previous IEP Date:</td>
<td>Grade:</td>
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<table>
<thead>
<tr>
<th>Primary Language:</th>
<th>Ethnicity:</th>
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<tbody>
<tr>
<td>Student's Address:</td>
<td>City:</td>
</tr>
<tr>
<td>County:</td>
<td>Home Phone:</td>
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<tr>
<td>Parent's Name:</td>
<td>Relationship:</td>
</tr>
<tr>
<td>Language Spoken in the home:</td>
<td>Interpreter Needed?:</td>
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<tr>
<td>Address (if different):</td>
<td>City:</td>
</tr>
<tr>
<td>Telephone:</td>
<td>Telephone:</td>
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</table>

### IEP Team Participants in Attendance

Student is to be invited (if appropriate, but not later than age 16). A MET Evaluator is required at initial IEPs, can explain the results of assessments.

- [ ] The Student:
- [ ] District Representative/Designee:
- [ ] Parent/Guardian:
- [ ] General Education Teacher:
- [ ] Parent/Guardian:
- [ ] Special Education Teacher:
- [ ] Other (with title):
- [ ] Agency Providing Transition Services (Age 16+):
- [X] Other (with title): **District Nurse**
- [X] Other (with title): **FM Nurse Advocate**

Parent & District Agreement on Attendance Not Necessary: these members are absent because their curricular area-related services are not being modified or discussed in the meeting.

Parent & District Agreement on Excusal Prior to Meeting: these members are absent but have submitted their written input to parent & IEP Team for IEP development prior to the meeting:

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### Eligibility for Special Education and Qualifying Criteria

The student is: [X] Eligible  [ ] Not Eligible (Commitment/Notice Section must be completed)

Primary Eligibility

[OHIC]
<table>
<thead>
<tr>
<th>Area or Domain</th>
<th>Sub-Area</th>
<th>Present Performance Levels/Strengths</th>
<th>Describe how the student's disability affects the student's involvement and progress in the general education curriculum. For preschool children, as appropriate, how the disability affects the child's or student's involvement in age-appropriate activity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading</td>
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<td>Writing</td>
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<td>Mathematics</td>
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<td>Communication: Speech &amp; Language</td>
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<td>Socio-Emotional/Behavioral</td>
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<td>Perception/Motor/Mobility</td>
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<td>Medical/Health/Physical</td>
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<td>Adaptive/Independent Living</td>
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<td>Transition (age 16+)</td>
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<tr>
<td>Cognitive</td>
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</table>
### Personal Care Services

Does the student have a chronic condition(s) that requires Personal Care Services (identified below) to enable him to accomplish Activities of Daily Living (ADL) in the area(s) checked here:  
- [ ] Yes  
- [x] No

<table>
<thead>
<tr>
<th>Area</th>
<th>Time, Frequency, Conditions, Circumstances</th>
<th>Location/Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eating/Feeding/Meal Preparation</td>
<td></td>
<td></td>
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<tr>
<td>Respiratory Assistance</td>
<td></td>
<td></td>
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<tr>
<td>toileting/maintenance continence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mobility/positioning, Ambulation, Transferring</td>
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<td></td>
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<tr>
<td>bathing/dressing/grooming/skin-care/personal hygiene</td>
<td></td>
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<tr>
<td>assistance with self-administered medications</td>
<td></td>
<td></td>
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<tr>
<td>redirection &amp; intervention for behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>health-related functions (via hands-on assistance, supervision, cuing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>intervention for seizure disorder</td>
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<td></td>
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</tbody>
</table>
### Consideration of Special Factors

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>a)</td>
<td>Does have behavior which impedes his learning or the learning of others?</td>
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<tr>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>b)</td>
<td>Does have limited English proficiency?</td>
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<tr>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>c)</td>
<td>Does have blindness or visual impairment?</td>
</tr>
<tr>
<td></td>
<td>□ Yes □ No</td>
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<tr>
<td>d)</td>
<td>Did you consider his communication needs?</td>
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<tr>
<td></td>
<td>□ Yes □ No</td>
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<tr>
<td>e)</td>
<td>Is deaf or hard of hearing?</td>
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<tr>
<td></td>
<td>□ Yes □ No</td>
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<tr>
<td>e)</td>
<td>The IEP Team has considered whether needs Assistive Technology devices and services in order to progress toward his goals and objectives and determined that:</td>
</tr>
<tr>
<td></td>
<td>1. □ Assistive Technology is necessary.</td>
</tr>
<tr>
<td></td>
<td>2. □ It has not yet been determined whether needs AT in order to progress toward his IEP goals and objectives. The Team plans to make this decision in the following way:</td>
</tr>
<tr>
<td></td>
<td>3. □ Assistive Technology is not necessary at this time.</td>
</tr>
<tr>
<td>f)</td>
<td>Does have health, physical, and/or medical issues that may impact learning?</td>
</tr>
<tr>
<td></td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>g)</td>
<td>Does have any perceptual, motor, or mobility concerns, such as gross and fine motor coordination, balance, and limb/body mobility that impedes learning.</td>
</tr>
<tr>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>
### Supplementary Aids and Supports

<table>
<thead>
<tr>
<th>Area</th>
<th>Aids or Supports</th>
<th>Frequency/Conditions</th>
<th>Location/Setting</th>
<th>Start Date (if different from IEP)</th>
<th>End Date (if different from IEP)</th>
</tr>
</thead>
</table>

**Personal Care Services**

Does the student have a chronic condition(s) that requires Personal Care Services (identified below) to enable him to accomplish Activities of Daily Living (ADL) in the area(s) checked here:  

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>Time, Frequency, Conditions, Circumstances</th>
<th>Location/Setting</th>
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</thead>
<tbody>
<tr>
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</tr>
<tr>
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<td>☑ Assistance-with-Self-Administered Medications</td>
<td></td>
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<tr>
<td>☑ Redirection &amp; Intervention for Behavior</td>
<td></td>
</tr>
<tr>
<td>☑ Health-Related Functions (via hands-on Assistance, Supervision, Cuing)</td>
<td></td>
</tr>
<tr>
<td>☑ Intervention for Seizure Disorder</td>
<td></td>
</tr>
</tbody>
</table>
Student Name: 

Programs and Services

Related Services with General Education and/or Special Education Programs
Direct Service: the primary mode of service is directly working with the student. There may be occasional consultation with others.
Consultative Service: the primary mode of service is working with the teacher(s) and others having daily contact with the student. Direct work with the student is occasional.

Current IEP Year: From Date To Date:
School Year: 2010-11 School Year: 2011-12
Grade: Grade:

<table>
<thead>
<tr>
<th>Related Services</th>
<th>Start Date (if different from IEP)</th>
<th>End Date (if different from IEP)</th>
<th>Service Mode</th>
<th>Minutes</th>
<th>Sessions</th>
<th>Frequency</th>
<th>Setting within Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Education</td>
<td>□ Direct</td>
<td>☑ Consultative</td>
<td>0 0</td>
<td>0 0</td>
<td>0 0</td>
<td>0 0</td>
<td></td>
</tr>
</tbody>
</table>

Programs Departmentalized Start Date End Date LRE/FTE Calculation Area

<table>
<thead>
<tr>
<th>Programs</th>
<th>Departmentalized</th>
<th>Start Date</th>
<th>End Date</th>
<th>SE Setting Low Min/Wk</th>
<th>High Min/Wk</th>
<th>GE Setting Low Min/Wk</th>
<th>High Min/Wk</th>
<th>Total FTE: FTE as of 02/09/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Y ☑ N</td>
<td>0 0</td>
<td>SE FTE: 0</td>
<td>GE FTE: 0</td>
<td>0 0</td>
<td>Total FTE: 0</td>
<td></td>
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</tbody>
</table>

Does the student require a reduced schedule? [ ] Yes [ ] No

Does the student receive Specialized Transportation? [ ] Yes [ ] No

Is there a need for placement with a teacher with an endorsement in a particular impairment category? [ ] Yes [ ] No

Is a Teacher Consultant with endorsement in the student's impairment needed to support the resource program teacher? [ ] Yes [ ] No
DELEGATION ISSUES: RESCUE MEDICATIONS

- Provide complete care for students who need rescue medications:
  - If school nurse or student’s parents are unavailable, schools should have plans for delegation of rescue therapies to another staff member (Michigan law Section 380.1178 public act 451)
  - If a seizure rescue medication can not be delegated to an unlicensed person, plans must address who & how the prescribed rescue medication will be administered
DELEGATION ISSUES: RESCUE MEDICATIONS

- School nurse & administration should be aware of the applicable laws & policies of their state & school district (i.e. Michigan - REVISED SCHOOL CODE Act 451 of 1976, Sec. 380.1178 Administration of medication to pupil; liability; school, MDE Model Policy and Guidelines for Administering Medications to Pupils at School)
- Education of personnel able to give seizure rescue medications should be done (i.e. Michigan by licensed medical personnel, 4 hr. medication administration class guidelines)
- Online and in-person education are available from local EF of Michigan.
RESCUE MEDICATIONS

Access to Rescue Medication in Schools and Related Settings

- Epilepsy Foundation supports allowing trained, non-medical personnel to administer rescue medications in schools, to ensure children living with epilepsy have:
  - Appropriate & timely access to lifesaving seizure medication
  - Access to full range of school & related experiences in least restrictive environment
ADVOCACY RESOURCES

- Epilepsy Foundation:
  - Will assist with advocating for access to rescue medication in schools;
  - Has resources to support state legislation that would allow trained, non-medical personnel to administer rescue medication in schools;
  - Will support outreach to board of nursing, school boards & school

- Learn more about rescue medication advocacy & view the Foundation’s position statement, recent legislation, sample letters & talking points at http://advocacy.epilepsy.com/EmergencyMeds
WHAT KIND OF SUPPORT DOES THE STUDENT NEED? 504 PLAN?

- A blueprint/plan for how child will have access to learning at school
- Provides services and changes to learning environment
  - To meet the needs of child as adequately as other students (i.e. keeping them healthy, safe and in school)
WHAT KIND OF SUPPORT DOES THE STUDENT NEED? 504 PLAN?

- Two requirements to qualify:
  - Child has any disability, which can include many learning or attention issues (Epilepsy is a qualifying disability under the ADA)
  - Disability must interfere (when active) with child’s ability to learn in a general education classroom

- Section 504 has broader definition of disability than IDEA
  - Child who does not qualify for an IEP might still be able to qualify for a 504 Plan
BUILDING A STRONG 504 PLAN

- Legal requirements for what constitutes a 504 Plan team is slightly different than an IEP team

- 504 Plan may be more appropriate for students with epilepsy who do not have impairments that significantly impede their ability to learn

- Accommodations, modifications, behavior intervention plans, seizure action plans, and related services (mandatory staff education and designation) can all be included in a 504 Plan (testing, time, requirements, etc.)
WHAT ARE RELATED SERVICES?

- Supportive and developmental services that assist a child in their school setting

- Examples:
  - Speech & language therapy
  - Counseling
  - School health services (education, designation, hands on care recovery, monitoring)
  - Interpreting Services
  - Occupational/physical therapy
  - Social services
  - Mobility services
### Major Life Activity Affected: Learning

<table>
<thead>
<tr>
<th>Focus</th>
<th>Accommodation</th>
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</thead>
<tbody>
<tr>
<td>Seizure Disorder:</td>
<td>• Student should have continuity and provision of epilepsy care in the school setting.</td>
</tr>
<tr>
<td></td>
<td>• Students who have stable epilepsy who do not require emergency interventions should have a care plan/seizure action plan in place.</td>
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<tr>
<td></td>
<td>• Students with emergency interventions should have an individual Health Protocol in place.</td>
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<td></td>
<td>• Unlicensed staff must be trained by a registered nurse in epilepsy care</td>
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<td></td>
<td>• Medication shall be provided and maintained by parents in the school setting to be available to the student as needed.</td>
</tr>
<tr>
<td></td>
<td>• Applicable staff should be medication trained</td>
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<tr>
<td></td>
<td>• Provision of seizure education shall be provided to staff for general information on how seizures impact academics and the symptomology to be aware of. Standard Procedures should be reviewed to include emergency information relative to status epilepticus.</td>
</tr>
<tr>
<td>□ Emergency Medication:</td>
<td>• Emergency Medication Procedure should be embedded in an IHP to include specific step relative to the type of emergency intervention.</td>
</tr>
<tr>
<td></td>
<td>• Delegated Staff should be trained in the individualized response.</td>
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<tr>
<td>□ Rectal Diastat</td>
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<tr>
<td>□ Intranasal versed</td>
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<tr>
<td>□ Buccal Midazolam</td>
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</tr>
<tr>
<td>□ Sublingual □ Lorazepam □ Clonazepam</td>
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<tr>
<td>□ Other:_____________________________</td>
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<tr>
<td>□ Vagus Nerve Stimulator (VNS)</td>
<td>• Emergency Magnet Procedure should be embedded in the IHP to include directions in using a VNS magnet during seizures.</td>
</tr>
<tr>
<td></td>
<td>• All staff should be made aware of the VNS implant, how to respond and location of magnets.</td>
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<tr>
<td></td>
<td>• Student should be permitted to carry magnet on his/her person.</td>
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</tbody>
</table>
| Ketogenic Diet                          | - Access to needed food and liquids as required during the school day in order to maintain the protocol of the ketogenic diet.
|                                        | - Parent/guardian shall provide pre-measured supplies of food and liquid to the school on a daily basis.
|                                        | - School staff shall be trained regarding the ketogenic diet so that violations of the diet do not occur at school.
|                                        | - As appropriate, classmates shall be given information about the ketogenic diet so that they do not share food with him/her.
|                                        | - As appropriate, during class parties or celebrations with food, alternatives shall be arranged for students that enables him/her to partake in the celebration if s/he will be unable to eat or drink during the party time. As necessary, such alternatives may include, but are not limited to, playing a special role in the celebration, or choosing music for the party.

| Communication                         | - The nurse shall communicate the diagnosis, first aid steps and procedures to appropriate staff.
|                                        | - The nurse shall be notified of seizure activity in the school setting.
|                                        | - Parents shall be notified of seizure activity in the school setting.
|                                        | - Parents should communicate to the nurse changes in seizure medication, seizure activity, health status or regimen.
|                                        | - Parents shall authorize the nurse to communicate with the neurologist.

| Classroom Work                        | - If student has a seizure during a test, he or she will be allowed to take the test at another time without any penalty.
|                                        | - Side effects from anti-seizure medications affect his/her ability to concentrate on schoolwork or tests; s/he may have extra time to complete assignments and tests without any penalty.
|                                        | - Students suffering from seizures with specific triggers may need schedule accommodations to reduce seizure activity (e.g., an adjusted start time due to the need to wake up later to avoid morning seizures), s/he should not be penalized for work missed and
504 INFORMATION FOR SEIZURE DISORDERS

Diastat Acudial: Rectal diazepam (class of drugs to which valium belongs). Diastat Acudial is an effective means of aborting a lengthy seizure or a cluster of seizures and was designed to avoid trips to the emergency room.

Emergency Seizure Medication: Medication used in response to seizures, often after seizures have lasted longer than 5 minutes. Delivery methods used are typically rectal, intranasal or sublingual.

Generalized seizures: Seizures that affect both sides of the brain and produce loss of consciousness for either a brief or longer period of time. Generalized seizures include absence seizures, atonic or drop seizures, and tonic, clonic, myoclonic, and tonic-clonic seizures.

Ketogenic diet: A special low-calorie, high-fat diet in which the body is placed in a state of ketosis so that it burns fat for energy instead of carbohydrates. Ketosis has been effective in providing seizure control or partial seizure control for many children.

Myoclonic seizures: Seizures in which the person experiences quick muscle contractions that usually occur on both sides of the body at the same time. They look like quick muscle jerks. Generalized seizure.

Partial seizures: Seizures in which the electrical firings of the neurons are limited to a specific area of one side of the brain. Simple partial seizures: During these seizures a person remains aware of what is going on but may be limited in how he or she can react. The person may not be able to speak, or may experience tingling or pain, visual distortions, or other symptoms that may warn of more severe seizures to come.

Seizure action plan: A plan that is designed to provide basic information about the student’s seizures and treatments. A completed plan should be provided to all relevant school personnel at the beginning of the school year, when a diagnosis of epilepsy is made or when a change in health status occurs. The plan should be signed and approved by the student’s treating physician.

Status epilepticus: A period of prolonged seizure activity either because of one prolonged seizure or because of a series of seizures without the person returning to baseline. Current medical definitions consider 10 minutes as the amount of time after which uninterrupted seizure activity would be considered status epilepticus. It is possible that brain damage or death can result from status seizures. During status seizures, problems can arise if there is pulmonary or cardiac arrest that is not promptly treated. More often, however, serious negative consequences occur hours or days after the onset of status as a result of prolonged stress, oxygen deprivation and systemic complications such as organ failure.

Tonic-clonic seizures: The most common type of seizure (sometimes called “grand mal” seizures). They begin with a tonic phase, in which the arms and legs stiffen, and then continue with a clonic phase, in which the limbs and face jerk. During the tonic portion of a seizure, a person may have an initial vocalization followed by their breathing slowing or stopping; during the clonic portion, breathing usually returns, but may be irregular, noisy or seem labored. The person may be incontinent and may bite his or her tongue or the inside of his or her mouth during the seizure. Generalized seizure. Tonic seizures: Seizures in which the person’s leg, arm, or body muscles stiffen. The person’s legs may extend. The person usually remains conscious. Generalized seizure.
will be given an opportunity to make up the work.
- Student shall be given instruction without penalty to help him/her make up any classroom instruction missed due to epilepsy care.
- Student shall not be penalized for absences required for medical appointments and/or for illness related to his/her epilepsy.

| Activity | Activity restriction and allowances should be as MD prescribes.
<table>
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<tbody>
<tr>
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<td>Alterations of physical activity may need to be accommodated if physical activity is a trigger for seizures.</td>
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<td></td>
<td>Student shall be permitted to participate in all school sponsored activities as managing doctor permits.</td>
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<tr>
<td></td>
<td>Student shall be permitted to participate in all field trips with available trained staff, without requirement of parents to chaperone or attend,</td>
</tr>
</tbody>
</table>

Definitions:

Absence seizures: Seizures (sometimes called petit mal seizures) that are usually just a few seconds long. They happen suddenly and the person will stop what he or she is doing, and then resume it as soon as the seizure is over. They may happen many times in a day or in clusters during the day. Type of generalized seizure.

Anti-seizure medication: Antiepileptic drug. Medication used to treat seizures. Common medications include Dilantin, Keppra, Topamax, Depakote, Depakene, Lamictal, Zonagram, and Clonapin, among others.

Atonic seizures: Also called drop seizures, these seizures produce a sudden loss in muscle tone. A person’s head will drop or the person will drop to the ground. Injury can occur; these seizures occur without warning. Type of generalized seizure.

Clonic seizure: Seizures in which a person’s arms and legs jerk rhythmically. Clonic seizures by themselves are uncommon. Generalized seizure type.

Complex partial seizures: Seizures begin in one part of the brain and involve a loss of consciousness or impaired consciousness. May cause automatic behaviors such as lip-smacking, chewing, swallowing, fidgeting, or other repetitive, stereotypic behavior.
Vagus-nerve stimulator (VNS): The VNS is similar to a pacemaker, but it stimulates the vagus nerve in the neck, instead of the heart. The VNS is usually implanted in the upper left chest or under the arm; it stimulates, on an ongoing basis, the vagus nerve, which then sends electrical impulses to the parts of the brain that affect seizures. If a person has a seizure aura or begins to have a seizure, the VNS can be swiped with a magnet to send additional electrical current to abort or minimize the seizure.


REMEMBER

- 504 Plan for students with epilepsy are as diverse as the students themselves
- No “one size fits all.”
- Areas of learning such as memory, concentration, and behavior often times impacted by epilepsy but often overlooked or not addressed by a 504 plan
- Epilepsy is not simply seizure activity but a culmination of factors influencing student’s life
ONLINE RESOURCES

Epilepsy resources: www.epilepsy.com

Advocacy through IEPs & 504s: http://wrightslaw.com/

IDEA: http://idea.ed.gov/

Section 504 of the Rehabilitation Act: http://ww2.ed.gov/about/offices/list/ocr/504faq.html

ADA: https://www.ada.gov
GET INFORMATION: epilepsymichigan.org
epilepsy.com
Here for You Helpline: 800-377-6226
National 24/7 Helpline: 800-332-1000
Thank You
Stay Connected

www.michiganallianceforfamilies.org
info@michiganallianceforfamilies.org
1-800-552-4821

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@mialliance
/MichiganAlliance
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info@michiganallianceforfamilies.org