



Department of Early Education and Care

THE COMMONWEALTH OF MASSACHUSETTS

EEC Child Care Licensing

TECHNICAL ASSISTANCE: Epilepsy and Early Education and Care

Epilepsy is a medical condition that produces seizures affecting a variety of mental and physical functions. It's also called a *seizure disorder*. A seizure happens when a brief, strong surge of electrical activity affects part or all of the brain. There are different kinds of seizures, and they may last from a few seconds to a few minutes. Some seizures involve a loss of consciousness, cause a person to fall to the ground or make the muscles stiffen or jerk out of control. But many seizures do not involve these reactions and may be harder to notice. Some seizures cause a person to stare into space for a few seconds. Others may consist only of a few muscle twitches, a turn of the head, or a strange smell or visual disturbance that is only noticed by the person experiencing the seizure.

It is estimated that between 1% and 2% of the population has epilepsy. Given that more than 60% of the cases occur before young adulthood, chances are that every teacher has had or will have a child with epilepsy in his or her class. Not all epilepsy syndromes are lifelong – some forms are confined to particular stages of childhood.

Most people with epilepsy live a full life span. Nevertheless, the risk of premature death is increased for some, depending on several factors. Very prolonged seizures or seizures in rapid succession, a condition called [*status epilepticus*](#), can be life-threatening.

Antiepileptic medicine is the first and most common approach to controlling epileptic seizures. Since everyone is different, it may take some time and effort to determine the ideal medication, dosage and schedule to prevent seizures in a newly diagnosed patient. Once an appropriate medication plan is identified, many people remain seizure free, provided they follow their medication plan carefully.

Sometimes people with generally well-controlled seizures experience periods of increased seizure activity. This can happen for a variety of reasons, including but not limited to fevers from the flu or another illness or failure to follow the medication plan. Since prolonged seizures (*status epilepticus*) can cause brain damage and/or be life threatening, many physicians prescribe additional medications to be given in case of such an emergency. Since time is of the essence in these cases, emergency treatment should be started as soon as possible. To avoid the delay of waiting for a response by emergency medical personnel or of reaching a hospital emergency room, some doctors prescribe a medication called Diastat®. Diastat® is a premeasured, single dose syringe of diazepam gel which is administered rectally. It is prepared by a pharmacist, is designed for out-of-hospital use by non-professional caregivers, and carries very little risk. A new emergency anticonvulsant that is dripped into the nose may also be prescribed.

Although assisting a child with a seizure may be upsetting, with the proper preparation and a little bit of training it can safely and easily be done by educators. When a child is enrolled with a known seizure disorder, an Individual Health Plan (IHP) should be developed by the program in consultation with the child's parents and with input from the child's physician. The IHP should specify under what circumstances medication (including Diastat®) is to be given, and when parents and/or emergency responders (911) should be called. Diastat® is dispensed with both written and video-taped instructions for administration, and educators who may administer the medication should review this information when the IHP is written. The plan should also address where the Diastat® will be administered and how the child's privacy will be protected if/when a seizure should occur. Should the child be moved to a private area before medication is administered, or will other children be moved out of the area? Planning ahead will facilitate a prompt and effective response in case of emergency.

Providing appropriate support for a child with epilepsy not only meets the intent of the Americans with Disabilities Act, but offers benefits to students who do not have disabilities as well. Both research and anecdotal data have shown that typical learners have demonstrated a greater acceptance and valuing of individual differences, enhanced self-esteem, a genuine capacity for friendship, and the acquisition of new skills, as a result of participating in an inclusive classroom.

For more information about children and seizures, see <http://www.cshcn.org/forms/SeizureFirst.pdf> and [SeizureTips.pdf](#), and epilepsyfoundation.org. Also, Lee, the Rabbit With Epilepsy, by Deborah Mos. Seizure Care Plans may be found at <http://ucsfchildcarehealth.org/pdfs/forms/SeizureCarePlanLog.pdf>.