



Epilepsy Emergency medication

A seizure is not normally a medical emergency and the vast majority of seizures are self-limiting. However on occasions a medical emergency known as status epilepticus can occur.

Status epilepticus is:

- Any seizure involving unconsciousness lasting for 30 minutes or longer.

or

- Repeated seizures lasting for 30 minutes in total from which the person does not regain consciousness between each seizure.

This is a medical emergency. Although any type of seizure may develop into status epilepticus, generalised tonic clonic seizures progressing into status epilepticus are the most serious.

The longer a child has been having seizure, the harder it is to stop. It is therefore usually a good idea to treat a generalised tonic clonic seizure with emergency medication after five minutes. This is also known as rescue medication.

A supply of emergency medication may be prescribed for the child if they have had a history of prolonged seizures or merely as a precaution in case it should happen in the future.

The most commonly used emergency drugs belong to a group of medicines called

benzodiazepines. These medicines have an anticonvulsant effect and are useful in stopping seizures. Midazolam and Diazepam are the two drugs most commonly used. The dosage of each of these drugs will be decided according to the weight of the child.

An action plan (or protocol) should be agreed with the child's doctor so that you know what to do in an emergency situation such as this.

Midazolam

Midazolam is generally preferred to diazepam because it is given into the area in the mouth between the cheek and the gums known as the buccal cavity.



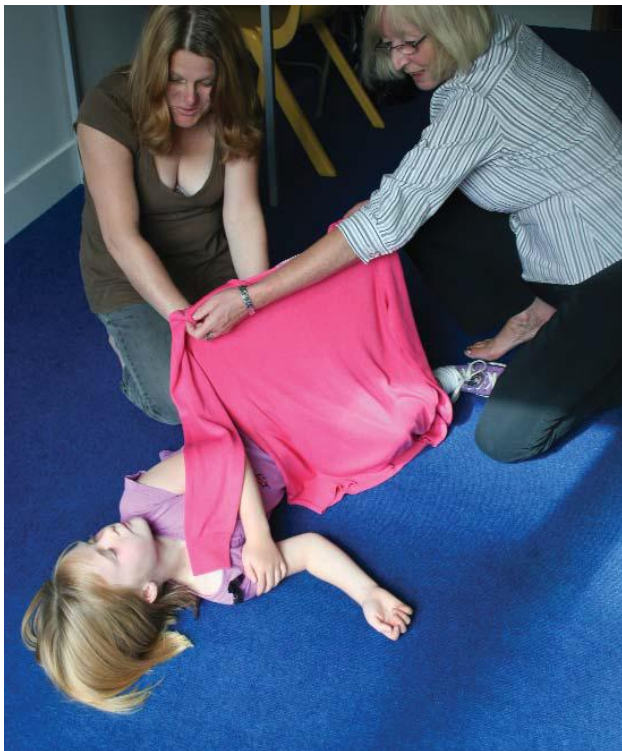
The advantages of Midazolam are:

- It is easier and more dignified to give a drug buccally than giving a drug rectally.

- There is a much better chance that the child will receive the correct amount of drug.
- It does not cause prolonged drowsiness – normally only 2-4 hours.

Diazepam

Diazepam is given via the rectal route (i.e. into the bottom). It is available in pre-prepared rectal tubes of four different strengths. Information on how to administer it (with diagrams) is included in the packaging, and you can also ask the child's healthcare team to show you how to give this drug.



The disadvantages of diazepam are:

- If the child is no longer a baby, or is in a wheelchair, it may be difficult to get them in a position to give the drug.

- Having constipation, or having the bowels opened, may cause an incorrect dose to be given.
- There is a loss of privacy and dignity.
- Some adults may fear accusations of abuse when giving drugs rectally.
- The side-effect of drowsiness lasts longer than with Midazolam and may continue for 12 hours or more.

With both these drugs breathing difficulties can occur, although it is unlikely if given at the prescribed dose. If the child should show signs of breathing difficulties, call an ambulance immediately.

Once the drug of choice has been agreed and prescribed, an individual health care plan (IHP) should be drawn up with details of what drug is to be given, when, and by whom. An individual health care plan can be downloaded from youngepilepsy.org.uk.

You should be shown how to administer the medication, and training should also be organised for any adults who will be looking after the child.

Your local healthcare team will be able to give you details about how you can organise this.

Young Epilepsy runs training courses that cover epilepsy, seizure types, status epilepticus and how to give emergency medication (with practical sessions using a dummy). For details ring 01342 832 243 ext.296 or email info@youngepilepsy.org.uk.