RESCUE TREATMENT FOR SEIZURE MANAGEMENT

Presented By:
Kathryn Hughes, BSN, RN, CPN
Pediatric Neurosciences Clinical Coordinator
Virginia Commonwealth University
Richmond, VA 23298
804-828-2467
Rescue Treatments

- Used as needed in seizure emergencies
  - Lengthier
  - Different presentation
  - More frequent (cluster)
  - Seizures during susceptible times
    - Illness
    - Stress
Rescue Treatments

Not to be used in place of prescribed maintenance seizure medications
Seizure Action Plan

- Seizure First Aid
- Generalized seizure emergency qualifications
- Patient specific instructions for rescue interventions
- Updated annually by provider
Rescue Medications

**Oral**
- Lorazepam
- Diazepam
- Clonazepam

**Rectal**
- Diazepam

**Intranasal**
- Midazolam
Rescue Medications

Oral

- Ensure patient can safely swallow
- Confirm criteria for administration
- Ensure dose/frequency/max dose
- Track administration
- Assess response
Rescue Medications

Rectal

- Two (2) years of age or older
- Dosage based on weight
- Prepackaged, preset dosage in lubricated applicator
- Ensure ordered dosage is dialed
- Ensure “READY” band
- Confirm criteria to administer
- Confirm frequency/max dose
- Track administration
- Assess response
Rescue Medications

Intranasal

- Now available as one piece atomizer
- Confirm administration criteria
- Confirm dosage/frequency/max dose
- Ensure patent nasal passages
- Administer with head back
- Divide dose and quickly squirt one half per nostril, ensuring entire dose is administered
- Assess response
Rescue Treatments
Vagal Nerve Stimulator and Magnet

- Identify where vagal nerve stimulator is located anatomically
- Identify centralized, safe place for magnet storage
- Swipe magnet from the middle of the chest and over the device for a period of one second
- Confirm frequency of repeated swipes, generally every two minutes
- Assess response
- Avoid holding the magnet over the device for prolonged period
Rescue Treatments

Monitoring

- Monitor breathing pattern, as some medications may cause drowsiness
- Allow the patient to rest on their side until they are able to return to baseline function
- Monitor for further seizure activity
- Document seizure activity, medication administration, and response
- Notify guardian and provider if indicated in plan of care
References


