

# Managing Epilepsy in Early Years settings

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## What is Epilepsy?

Epilepsy is diagnosed when someone has seizures caused by a sudden burst of excess electrical activity in the brain, causing a temporary disruption in the normal message passing between brain cells. This disruption results in the brain's messages becoming mixed up. There are many different [types of seizure](#) and each child will experience Epilepsy in a way that is unique to them.

## Causes of Epilepsy

There are many reasons why a child may develop Epilepsy. There could be an inherited genetic cause where a parent has Epilepsy. There could be a genetic component within the child's own genes that predisposes them to Epilepsy. It could be because of a structural change in the brain, such as the brain not developing properly, or damage caused by a brain injury, infections like meningitis, a stroke or a tumour. Structural changes to the brain could also be due to an underlying genetic condition e.g. Tuberous sclerosis /Neurofibromatosis. The causes of Epilepsy can therefore crossover. Even if seizures start after a brain injury or other structural change, this may be due to both the structural change and the person's genetic tendency to seizures.

## What are the different types of epileptic seizure?

Seizures can be difficult to recognise in children but the child's parents and specialist epilepsy nurse will be able to tell you about their child's seizures and the signs to look out for them. Remember, each child's presentation will look different. Sometimes when the diagnosis is new, there may be limited information; try to liaise with your local specialist Epilepsy nurse for support (see end for contact information). This is vitally important where a child has been prescribed an emergency medication which needs an individual health care plan (IHCP) drawn up by health with the relevant training

Depending on where they start in the brain, seizures are described as being focal onset, generalised onset or unknown onset.

**Focal onset seizures** – affects part of the brain whilst other parts function as normal. There may be a change in responsiveness with this type of seizure but there are generally some sensory, behaviour and/or movement changes which are abnormal. The child may experience sensory changes which is often a change in perception of light, smell or auditory sensitivity and possibly an emotional response e.g. fear. Their behaviour may become erratic and they are not aware of their environment. They may have small tic-like, or repetitive movements and speech can be altered for the duration of the seizure. The level of awareness the child has during a seizure will differ.

**Generalised onset seizures** – These various seizure types affect the whole of the brain and the child will present with a loss of consciousness. Here are a few types:

**Absence seizure** – we often think of epilepsy as convulsive seizures, but some seizures can be subtle and very brief, such as an 'absence seizure', in which the child has brief episodes of loss of awareness and responsiveness which can be very brief and are often mistaken for 'daydreaming' or not paying attention.

## Managing Epilepsy in Early Years settings

**Atonic Seizures** ('Drop' Seizures)- Sudden loss of muscle tone leading to a fall/head nod. Recovery is very quick but injuries can occur. Frequent drop seizures may require a child to require a helmet but this would be need to be Risk Assessed by the Epilepsy Team (see below for information on Risk Assessments)

In **Tonic-clonic seizures**, children present with stiffening of the body and jerking of body and limbs. Breathing may be irregular and/or noisy, and the child might appear pale or a little blue around the mouth.

Tonic-clonic seizures can last for a few minutes and the first time you see a child having one it can be quite worrying. Remember to follow the ACTION plan for tonic-clonic seizures to help keep the child safe:

**A= Assess: Assess the situation** – who will be responsible for assessing the situation, removing other children from the area, moving objects away that could potentially cause injury, sending information to the office for support?

**C= Cushion: Cushion their head** (with a jumper, for example) to protect them from head injury, loosen any clothing that is tight around their neck

**T= Time: Note the time** – the IHCP will say how long to wait before calling an ambulance or administering emergency medication. Write down the time the seizure begins. If you do administer emergency medicine write time the time that is given as well, ready to hand over to the paramedics

**I= Identity: You should have an IHCP at nursery with guidance on what to do** – where will you keep the IHCP? Who will take the lead in managing the situation? Has everybody read and understood the health care plan? Are they Epilepsy trained? Have a spare copy to give to paramedics if needed

**O= Over: Once the seizure is over they may be quite sleepy.** – don't try to move a child if they are sleepy but keep them warm and comfortable while they come round. Put them in the recovery position if they are very sleepy. They may need to have a sleep in a quiet place once they are able to move independently. Stay with them and reassure them as they come round.

**N= Never: Never restrain the child** by holding them still, never put something in their mouth and never try to give them food or drink until they are fully conscious and responsive

### Recognising an emergency

Seizures often do not require medication, and your IHCP will give you information about what to expect if a child who is known to have Epilepsy has a seizure. It should also tell you when you may need to seek medical help, administer medication (if prescribed) and give details on roles and responsibilities.

You should call an ambulance if:

- it is the child's first seizure, of any type, including non Epilepsy causes (see below)
- they have injured themselves badly
- they have trouble breathing after the seizure
- one seizure immediately follows another with no recovery in between
- the seizure lasts two minutes longer than usual for that child
- the seizure lasts for five minutes
- if you are administering emergency medication

## Managing Epilepsy in Early Years settings

[Individual health care plan templates](#) are available from YoungEpilepsy **BUT** where a child has emergency medication, the nursery should follow the health care plan provided by the Epilepsy professional. It should not be re-written or re-copied onto other proformas.

### Risk Assessments

STLS PD always recommend that a Risk Assessment is drawn up with an IHCP. This will draw out how the child can access the nursery in a safe way, promoting inclusion and enabling the child to take safe risks. Please see our training for best practice. Control measures a nursery might identify to promote participation could include: Reviewing the environment (outside surfaces, providing alternative play equipment, furniture edges/pipes, trip hazards, reviewing 'free flow', replacing some stationary), Reviewing systems (IHCP access, liaison with health, Medical Policies, Training needs-Epilepsy, Moving and Handling, First Aid) and more bespoke measures such as increased supervision.

### Managing emergency medication in an early years setting

Children needing emergency medication are often prescribed Buccal Midazolam. This is a pre-measured dose of medication which is given into the buccal cavity (inside the cheek of the mouth) during a prolonged seizure.

This medication cannot be administered without receiving training from a medical professional.

- Your local specialist epilepsy nurse will usually be able to provide /signpost you to the training – it should not be from the parents.
- Buccal Midazolam (sometimes referred to as Buccolam) is a **controlled drug** and should be stored in a **locked cupboard** – but still readily accessible in case of an emergency.
- There should be a plan for carrying emergency medications in the event of an evacuation (PEEP) or when out on educational visits.

### Help young children to understand what is happening

Having an epilepsy seizure can be quite frightening, not only for the child having the seizure, but for other children seeing it happen. It is a good idea to help all of the children have an understanding of what might happen, e.g. they may see their friend fall to the ground and shake. They should be prepared to move away to another part of the nursery in a calm manner.

Talking to children about Epilepsy through stories can be helpful. You should discuss this with the child and their parent/guardian before discussing Epilepsy with their class so that they can tell you what they are happy for you to share

YouTube [video for younger children](#)

[Flip page book](#) to print off or share on interactive whiteboard for slightly older children

### Other causes of seizures

There are different types of epileptic seizures, but they all start in the brain. There are other types of seizures which may look like epileptic seizures but they do not start in the brain.

## Managing Epilepsy in Early Years settings

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Some seizures are caused by conditions such as low blood sugar (hypoglycaemia) or a change to the way the heart is working. Some very young children have 'febrile convulsions' (jerking movements) when they have a high temperature. These are not the same as epileptic seizures. Follow the child's IHCP in the event of a febrile convulsion and call an ambulance if it is the first seizure since the cause/diagnosis cannot be assumed.

### Implications of Epilepsy

- Some children with Epilepsy may be more likely to have difficulty meeting their Early Learning Goals. This could be due to a number of reasons, including:
- Side effects from medication that make a child tired or drowsy (plan for this within your IHCP)
- Missed learning / playing; especially if it takes time to find a stable medication (consider over- learning opportunities)
- Challenges with memory and learning in the part of the brain where the seizure occurs. (consider strategies from the Cognition and Learning Best Practice Guidance/Draw up a Personalised Plan and/or work with your EYST/PD STLS where they are involved)

### Useful resources

Contact information for specialist epilepsy nurses in Kent:

East Kent – [kcht.cen@nhs.net](mailto:kcht.cen@nhs.net)

<https://www.kentcht.nhs.uk/service/community-childrens-epilepsy-nursing-team/>

[Seizure diary](#)

[Online resources](#) from Epilepsy Action includes videos and e-learning.