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## Purpose

The purpose of the Family Seizure Discharge Pathway is to standardize discharge teaching to ensure all patients and families are receiving standardized information on their home management plan. Empowering nurses to utilize the pathway supports safe care delivery and decreases readmissions to the hospital.

## Objectives

1. Identify the need for standardized education for nurses, patients, and families.
2. Describe all seizure pathway components and the importance of teach-back for safe in-home management
3. Evaluate the effectiveness of standardized education based upon readmission rates

## Background

In a pediatric neurology unit, a gap was identified in how patients with epilepsy and their families were prepared for discharge, leading to an increase in unplanned readmissions. Nurses provide discharge planning and teaching, preparing patients for their transition from the hospital to the community setting. Variation in the teaching and discharge process existed, leading to confusion for patients and families. After a review of the electronic medical record, a standardization through a quality improvement process was evident.

## Implementation

A standardized seizure pathway was developed to decrease unplanned 30-day readmissions by preparing patients and families for in-home transition. Education on the pathway was provided to the nurses, providers, and ancillary services to ensure standardized communication. All patients and families admitted with epilepsy were provided the pathway, with an added parent simulation and teach-back section. Utilizing this pathway validates patients and families are being provided the same education and can demonstrate proper seizure safety at home. Barriers included families that spoke languages other than English. Initially the pathway was in English, creating challenges as other education is electronic and can transcribe into other languages.

**Call 911 if:**

- A seizure lasts more than 5 minutes
- 4 or more seizures occur within 24 hours
- Rescue medication does not stop the seizure
- Injury occurs
- The child becomes unconscious or stops breathing

**First Aid Tips During Seizure:**

- Remain calm and stay with the child
- Secure the area by removing hard or sharp objects to prevent injury
- Turn the child gently to one side
- Do not hold the child down or restrain movements
- Do not put anything in the child's mouth
- Time the seizure and observe movements
- Administer rescue medications, as ordered, if needed

**After Seizure:**

- Give the child time to rest
- Do not offer food or anything to drink until the child is fully awake or asking for it
- Common side effects after a seizure include sleepiness, confusion, headache, weakness, nausea, vomiting, and incontinence

**Medications**

- DO NOT stop taking medications unless instructed to do so by the doctor
- If you miss a dose, take it as soon as you remember
- Obtain refills before medications finish
- Know the side effects of the medications the child is taking

**Safety**

- Children should never swim alone
- Use a helmet when riding a bike, skateboarding, or rollerblading
- Avoid baths and take showers instead
- Avoid climbing on tall objects (such as trees, playground equipment, sleeping on the top bunk of bunk beds, etc.)
- Keep bathroom and bedroom doors unlocked
- No activities such as scuba diving, rock climbing, or skydiving

**Lifestyle**

- Stay active by engaging in low-risk activities such as walking, playing soccer, or dancing
- Wear an epilepsy ID tag or bracelet
- Reduce known triggers such as stress, sleep deprivation, poor diet, and flashing lights
- Camp Boggy Creek, a week-long camp for children with epilepsy [www.boggycreek.org](http://www.boggycreek.org)
- Support groups via Epilepsy Alliance Florida [epilepsyalliancefl.org](http://epilepsyalliancefl.org)

**References**

- <https://epilepsyalliancefl.org/cdc.gov/epilepsy>
- <https://www.epilepsy.com/recognition/seizure-first-aid>

nicklauschildrens.org/Brain-Institute | 833-668BRAIN

The pathway consists of 5 components of seizure management: when to call 911, first aid (what to do during and after a seizure), safety, medications, and lifestyle modifications. The families are provided the pathway while the nurses teach following the same components with an added teach-back section. The teach-back section ensures the parents verbalize and demonstrate all components of seizure home management.

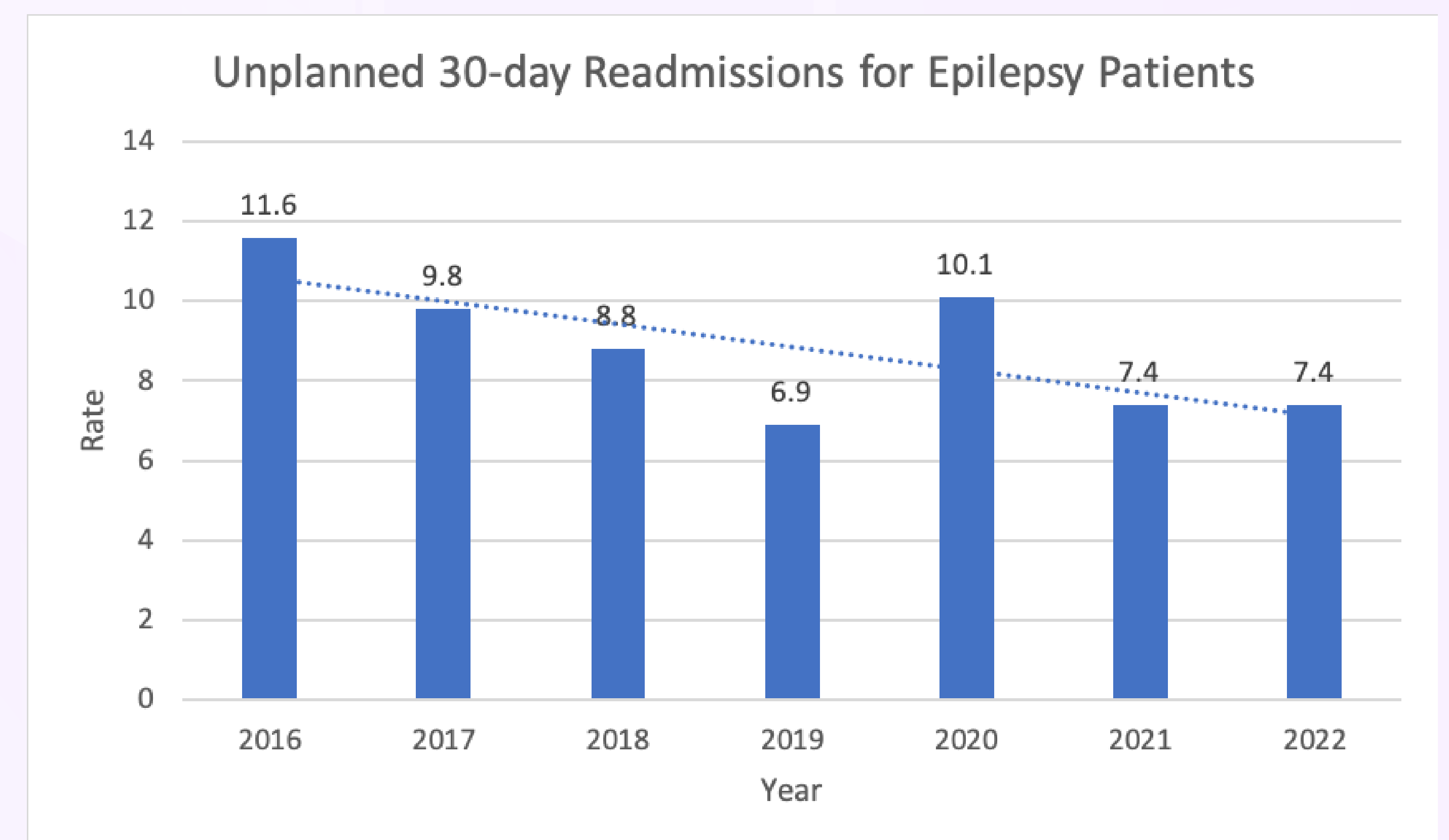
Checklist for the nurse to use for seizure education

- Includes all 5 components from pathway
- Teach Back:
  - "Teach-back is a technique for health care providers to ensure that they have explained medical information clearly so that patients and their families understand what is communicated to them" (Agency for Healthcare Research and Quality, 2023).
  - Parent is able to verbally "teach" the RN what he or she learned.
  - Parent is provided a simulation experience using a teaching doll to demonstrate what to do in case of a seizure and how to administer rescue medication.



## Outcomes

An evaluation of unplanned 30-day readmissions in patients with a primary diagnosis of epilepsy admitted to the neurology unit revealed a decrease of 36.2% over the last 7 years.



## Conclusion/Implications for Nursing Practice

Evidence-based standardized patient education is associated with decreased readmissions in the pediatric population. Having a standardized educational plan is an essential component to patient discharge teaching and proper home management.

## References

Agency for Healthcare Research and Quality. (2023, June). Teach-Back: Intervention. <https://www.ahrq.gov/professionals/quality-patient-safety/patient-family-engagement/pfprimarycare/interventions/teach-back.html>

Epilepsy Alliance Florida. (2020, December 8). Seizure First Aid. [www.epilepsyfl.com](http://www.epilepsyfl.com) (epilepsyalliancefl.org)

Epilepsy Foundation. (2023). General First Aid Steps. Retrieved from <https://www.epilepsy.com/learn/seizure-first-aid-and-safety>

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