

## SEIZURE DISORDER CHRONIC CARE MANAGEMENT PLAN

### SEIZURE DISORDER OVERVIEW

Epilepsy is the most common neurological condition in adolescents and young adults. Epilepsy describes recurrent paroxysmal events (seizures) due to self-activation of the cerebral cortex and gray matter—with excessive discharge of neurons leading to clinical symptomatology. It affects 1-2% of the population and can be well controlled for about 80% of patients with strict adherence to the prescribed treatment regimen. However, it also has significant negative effects for adolescents in the psychosocial and educational arenas that may also require Job Corps staff interventions.

Seizure manifestations can vary according to location, anatomic connections, and functions of the central nervous system pathways involved. Such discharges may trigger either partial or generalized events. Epilepsy is predominantly a condition of youth. It may be a symptom of an underlying disorder (e.g., malformation, scarring of the brain, or a tumor, or may be idiopathic (genetic predisposition), presumably secondary to some faulty neurotransmission. Over the decades, several methods of classification of seizures have been postulated, and the current one is called the International Classification of Epileptic Seizures (see *Epilepsia* 22: 489-501, 1981).

Simply put, seizures are either partial (synonymous with symptomatic and cortical, e.g., a jacksonian seizure) or generalized (synonymous with idiopathic, e.g., petit mal and grand mal seizures). The progression of a seizure is characterized by several temporal components or phases: prodrome, aura, ictal, then postictal. Since the manifestations of seizures are predictable according to their origin within the central nervous system (CNS), the taking of an accurate history is paramount, as the symptoms experienced by the patient tell much. The signs and behaviors described by witnesses to the seizure are also crucial for understanding the origin and method of spread of the ictal discharges in the CNS.

Treatment of epileptic seizures involves drug therapy specific to the type of seizure. Numerous medications are now available for treatment, and these control over 80% of cases, allowing most patients to maintain a normal lifestyle. If drug therapy fails, treatment may include surgical removal of a demonstrated lesion to attempt to stop seizures.

Plans should be in place to manage breakthrough seizures and to deal with any prolonged seizure (status epilepticus). Precautions for daily living and match to trade must be included in the student's action Chronic Care Management Plan (CCMP) (see examples).

**Applicant/Student Name:** \_\_\_\_\_

**SEIZURE DISORDER CHRONIC CARE MANAGEMENT PLAN**

**OUTREACH AND ADMISSIONS PERIOD**

Please provide us with the following information.

1. List current medications and/or treatment including dosage and frequency prescribed.

\_\_\_\_\_  
\_\_\_\_\_

2. Has applicant been compliant with medications and treatment? If no, please explain.

\_\_\_\_\_  
\_\_\_\_\_

3. List past hospitalizations including dates, reason for admission, and discharge summaries.

\_\_\_\_\_  
\_\_\_\_\_

4. What is current status and prognosis?

\_\_\_\_\_

5. When was last appointment? \_\_\_\_\_

6. Will the applicant need to continue follow-up under your care? If yes, please list the date and/or frequency of follow-up appointments.

\_\_\_\_\_  
\_\_\_\_\_

7. In your opinion, will the applicant be able to self-manage medications unsupervised and participate in a vocational training program? If no, please explain.

\_\_\_\_\_  
\_\_\_\_\_

8. In your opinion, will the applicant be appropriate to reside in a dormitory style residence with minimal supervision? If no, please explain.

\_\_\_\_\_  
\_\_\_\_\_

9. Are there any restrictions or limitations related to this specific illness?

\_\_\_\_\_  
\_\_\_\_\_

10. What is the applicant's smoking history?

\_\_\_\_\_

11. Does the applicant use hormonal contraception? (females only)

\_\_\_\_\_

**Applicant/Student Name:** \_\_\_\_\_

12. Does the applicant have health insurance documentation?

\_\_\_\_\_

Please sign below and return the form in the attached addressed envelope.

\_\_\_\_\_

**Print Name and Title**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Phone**

\_\_\_\_\_

**Date**

For any questions, please call \_\_\_\_\_

**Admission Counselor/Health and Wellness Staff**

\_\_\_\_\_

**Phone**

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

DOB: \_\_\_\_\_

**SEIZURE DISORDER CHRONIC CARE MANAGEMENT PLAN**

**CAREER PREPARATION PERIOD, CAREER DEVELOPMENT PERIOD, CAREER TRANSITION PERIOD**

**Goals:**

1. Enhance employability by optimizing control of seizures.
2. Educate the student regarding recognition of symptoms and self-management.
3. Reduce exposure to risk of injury should a seizure occur.
4. Optimize anticonvulsant therapy.
5. Implement regularly scheduled follow-up visits.

<b>CAREER PREPARATION PERIOD</b>		
<b>YES</b>	<b>NO</b>	
		<b>Establish a Seizure Disorder Action Plan for student</b>
		Offer the student a Medical Identification bracelet/necklace/anklet
		Visits every 2-3 months
		Assess vocational training match
		Mandatory TUPP/smoking cessation enrollment
		Annual influenza vaccination in October or November
		Emergency response plan
		<b>Educate student on Seizure Disorder precautions</b>  <b>Transportation</b> <ul style="list-style-type: none"> <li>• No driving unless seizures well controlled for an interval specified by state DMV</li> <li>• Wear bicycle helmets and protective gear</li> <li>• Stay clear of the platform edge when using public transportation</li> </ul> <b>Bathroom safety</b> <ul style="list-style-type: none"> <li>• Showering instead of bathing</li> <li>• Shatterproof glass in shower doors</li> <li>• Shatterproof bottles (shampoo, etc.)</li> <li>• No electrical equipment near water</li> <li>• Non-skid strips in shower stall</li> </ul> <b>Kitchen safety</b> <ul style="list-style-type: none"> <li>• Cook with a partner</li> <li>• Use back burners of the stove to prevent burns</li> <li>• Use shatterproof containers</li> <li>• Limit use of knives and other sharp kitchen utensils</li> </ul>
		<b>Educate student about lifestyle choices</b> <ul style="list-style-type: none"> <li>• Weight management</li> <li>• Encourage whole fruits, vegetables, low fat milk, increased fiber</li> <li>• Avoid soda and fruit juices</li> <li>• Encourage aerobic physical activity (exercise 30 minutes per day, 5 days per week)</li> <li>• Avoid sedentary lifestyle (limit TV)</li> <li>• Avoid smoking</li> <li>• Limit alcohol use</li> </ul>
		<b>Educate student on seizure disorder management as it relates to employment</b>

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

DOB: \_\_\_\_\_

CAREER DEVELOPMENT PERIOD		
YES	NO	
		<b>Monitor adherence issues</b> <ul style="list-style-type: none"><li>• Medication regimen</li><li>• Medication refills</li><li>• Routine medical care</li><li>• Urgent medical care</li><li>• Environmental control</li><li>• Self-monitoring</li><li>• Physiotherapy</li><li>• Rest</li><li>• Exercise</li><li>• Nutrition</li><li>• Tobacco, alcohol, drug use</li></ul>
CAREER TRANSITION PERIOD		
		Conduct a Wellness Center exit interview approximately 2 weeks before program completion.
		Identify potential sources of primary health care, and specialty care if needed, in the work community.
		Obtain signed HIPAA authorizations for the transfer of student health records to identified health care providers.
		Assist the student in enrolling or maintaining enrollment in a public or private health insurance program.
		Provide the student with a copy of the SF-93, SF-88, immunization records, and chronic care management plan, including flowsheets.
		Provide the student with an adequate amount of medication(s) and supplies at departure.

**See Seizure Disorder Management Flowsheet for tracking patient visits.**

**See Treatment Guideline for Seizures for additional guidance.**

**SEIZURE DISORDER CHRONIC CARE MANAGEMENT PLAN FLOWSHEET**

<b>Student Name:</b>								
<b>Sex: M or F</b>		<b>Date of Birth:</b>		<b>Date of Entry:</b>				
<b>Type of Seizure Disorder:</b>								
<b>Co-Morbid Conditions:</b>								
<b>Medications on Entry:</b>								
<b>SEIZURE DISORDER EPISODE</b>								
Date	Time	Length of Seizure	Events Before Seizure	Description of Seizure and Events After Seizure				
<b>MEDICATION MANAGEMENT</b>								
Date Prescribed	Medication and Dosage	Date Changed	Comments					
<b>SEIZURE DISORDER MANAGMENT</b>								
<b>Every Visit or as Indicated</b>	<b>Date</b>							
	<b>Hearing loss or vision concerns</b>							
	<b>Neuromotor problems</b>							
	<b>Soiling or incontinence</b>							
	<b>Sleep disorder</b>							
	<b>Medication side effects</b>							