# Medical Conditions Policy - Schedule 4:
## Epilepsy Management

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| Personnel responsible | Childcare Operations |

NQS 2 Children's Health and Safety

## PURPOSE

(1) This schedule sits under our overarching *Medical Conditions Policy* and must be read in conjunction with it

(2) It sets out how we implement the *Medical Conditions Policy* if a child at our service has been diagnosed with epilepsy, to ensure their safety, inclusion and wellbeing while in our care

(3) It applies to children with a diagnosis of epilepsy and their families, the approved provider, nominated supervisor, relevant staff, volunteers and students

(4) The nominated supervisor will provide this schedule to the parent of a child who has epilepsy, either at enrolment or upon diagnosis if the child is already enrolled

## KEY TERMS

(5) 'Epilepsy' is a neurological condition that affects the brain and causes recurring, unprovoked seizures. Seizures occur due to sudden bursts of abnormal electrical activity in the brain, which can temporarily affect a person's movement, awareness, behaviour, or senses

(6) 'Seizure' is a sudden change in behaviour, movement, or awareness caused by abnormal electrical activity in the brain. The type and severity of seizures vary from person to person. Some seizures are brief and hardly noticeable, while others cause loss of consciousness and muscle control. Types of seizures include focal and generalised (e.g., tonic-clonic, absence, atonic and myoclonic)

(7) 'Epileptic seizure emergency' is when a seizure lasts longer than 5 minutes, the seizure stops but the child does not regain consciousness within 5 minutes, the child has another seizure, when a serious injury has occurred, the child was eating or drinking, or the seizure happens in water

(8) 'Anti-epileptic medication' is prescribed to control seizures by stabilising electrical activity in the brain. Used as a preventative or as needed in an emergency or rescue

(9) 'Emergency medication' is prescribed to stop or reduce prolonged seizure or cluster of seizures. Midazolum (aka Hypnovel) is an example of an emergency medication. It is commonly administered through the nasal passages (nose) or buccally (in between the cheek and gum). Not all children will require emergency medication

(10) 'Triggers' for seizures include missing medication, illness, tiredness, dehydration, stress, flashing lights, heat, strong emotions, exercise, hormonal changes

(11) 'Status epilepticus' is a serious and potentially life-threatening condition where a seizure lasts for more than five minutes, or the child has multiple seizures and does not fully regain consciousness in between them

(12) 'Ketogenic diet' is sometimes used to treat epilepsy. It involves a diet that is high-fat, very low-carbohydrate with adequate protein

(13) 'Vagus Nerve Stimulator (VNS)' is a small device implanted under the skin that sends electrical impulses to the child's vagus nerve as a way to control seizures

(14) 'Tonic phase' is the first part of a tonic-clonic seizure where the child's body stiffens and they might cry out or fall to the ground

(15) 'Clonic phase' is the second part of a tonic-clonic seizure where the child's body jerks in a rhythmical way as their muscles tighten and relax

(16) 'Non-epileptic seizure' is an event that looks like an epileptic seizure but is not caused by electrical activity to the brain

# IMPLEMENTATION

## Critical information – seizures and emergency response

(17) If a child experiences a seizure while they are in our care, appropriately trained staff will:

- Follow the child's epilepsy management plan, seizure management plan and (if necessary) emergency medication management plan OR follow seizure first aid procedure available to download free from the Epilepsy Foundation (if the child does not have a management plan)
- Call 000 and implement our procedure for medical emergencies (in *Incident, Injury, Trauma and Illness Policy)* if:
    - The child is not known to have epilepsy, or they do not have a medical management plan
    - The seizure lasts longer than 5 minutes, the seizure stops but the child does not regain consciousness within 5 minutes, or the child starts to have another seizure
    - A serious injury has occurred, the child was eating or drinking, or the seizure happens in water
    - If unsure what to do
- If necessary and directed under the medical management plan, administer the child's emergency epileptic medication (e.g., Midazolam or Clonazepam)
- Implement post-seizure support actions according to the child's management plan and/or advice from emergency services and the child's parents
- Record details of the seizure in the child's seizure diary where one forms part of the child's management plan

(18) A staff member must stay with the child at all times, calmly monitoring, reassuring and comforting them

(19) In an emergency, staff must follow the directions of 000 services if an ambulance is not available

(20) Staff must advise the child's parent of the seizure as soon as possible, create an incident record within 24 hours, and make any necessary notifications to the regulatory authority within the required time frame (see *Incident, Injury, Trauma and Illness Policy*)

(21) The nominated supervisor will ensure that separate epilepsy emergency response plans are also developed for any off-site activities (e.g., transport, excursions) involving the child

## Epilepsy management plan and enrolment requirements

(22) If a child has been diagnosed with epilepsy their parent must inform the nominated supervisor - either at enrolment, or as soon as possible if the child is already enrolled

(23) Before the child attends our service, the parent must provide:

- A current epilepsy management plan including a seizure management plan, and (if necessary) an emergency medication management plan – both signed by a registered medical practitioner, preferably the child's neurologist or paediatrician
- Information about any dietary requirements
- Written authorisation for the administration of medication and emergency treatment
- Written permission to display the child's epilepsy plans, and photograph, if possible
- Up-to-date emergency contact details and doctor's contact details

(24) All necessary medication and equipment to manage their epilepsy (including a seizure diary where one forms part of the child's management plan) - all labelled according to our instructions

(25) Families must keep their child's epilepsy management plan up-to-date and tell staff as soon as possible if there are any changes to the child's symptoms, triggers or treatment. If there are no changes, the medical management plan should be reviewed by the date specified by the child's medical practitioner

(26) At the time of enrolment or diagnosis, we must develop a risk minimisation plan and a communications plan for the child, in consultation with the parent (see next section)

(27) The approved provider must ensure that the child's management plan and risk minimisation plans are stored on the child's enrolment record, and we will also keep the child's communications plan with those records. The approved provider must ensure that copies are readily accessible to staff while they are caring for the child, with consideration given to the child's privacy

## Risk minimisation and communications plan

(28) Before the child's first day or as soon as possible upon diagnosis, the nominated supervisor and relevant staff must consult with the child's parent to develop and implement an individualised:

- **Risk minimisation plan** to assess and minimise the risks for all environments and activities the child will be involved in, both on-site and off-site (example risk minimisation strategies attached at **SCHEDULE 4 APPENDIX 1**)
- **Communications plan** to set out how staff (including casual/relief staff, volunteers and students) and parents will communicate information and changes related to the child's epilepsy (including to triggers, symptoms, treatment, routine care, risk management strategies, and any relevant service policies and procedures)

(29) Plans must be kept up to date and reviewed at least if there are any relevant changes (e.g., to the child's medical management plan or our policies and procedures), and after any incidents related to the child's epilepsy

(30) The nominated supervisor (or a nominee) will be the primary point of contact for families to raise any concerns or issues throughout the child's enrolment at our service

(31) Educators and families should have regular open communication about the child's epilepsy, ongoing health and well-being. If an educator has any concerns or questions, they will discuss them with the child's parent

(32) See overarching *Medical Conditions Policy* for further details on medical management plans, risk minimisation and communication plans, including our legal obligations for record keeping, staff and family awareness, and reviews

## Inclusion and support

(33) Epilepsy may constitute a disability under the *Disability Discrimination Act 1992 (Cth*), which means that the approved provider must make reasonable adjustments to enable them to participate in our service on the same basis as their peers (see *Access and Inclusion Policy* for more details)

(34) Unless otherwise advised by the child's medical team, children with epilepsy will be encouraged to participate in our full program of indoor and outdoor activities, active play, non-routine activities and special events

(35) Educators will be careful not to 'over-protect' children with epilepsy in such a way that prevents them from participating in activities or which discriminates against or stigmatises them in any way

(36) Instead, educators will be aware that some children's learning and participation will be impacted by their epilepsy and they will balance risks and make necessary adjustments to ensure the child can learn, play, have positive relationships and a sense of belonging

(37) Staff will respect a family's decision about whether to disclose the child's epilepsy to friends and peers at the service. They will support those children who disclose their condition and protect the privacy of those children who do not disclose

(38) If a child needs access to a mobile phone or other electronic device to manage their epilepsy, their medical management plan should state this. Exemptions to mobile phone restrictions must be managed and documented according to our *Technology and Device Use Policy*

## Medication bags and emergency kits

(39) If a child has been prescribed medication, their personal medication bag must contain:

- All necessary in-date medication and equipment as specified in their management plan
- A copy of their current plans (epilepsy management plan, emergency medication plan, risk minimisation plan and communications plan)
- A current photo of the child (if possible)

(40) The nominated supervisor and educators must ensure that the personal child's medication bag is on-hand wherever the child is being cared for, including inside, outside or off-site (e.g., on excursions, outings, during travel and transportation)

(41) The nominated supervisor must ensure that:

- The child's medication (including any prescribed emergency medication) is in-date, and any related equipment is clean and working

(42) Medication and equipment are labelled and stored correctly, safely and accessibly, in line with our *Administration of Medication Policy*

- Staff, including temporary/casual staff, volunteers and students, know where to locate the child's medication bag and our first aid kits
- Quarterly audits of medication bags are conducted
- Parents are notified as soon as possible if their child's medication is running low or due to expire, or equipment needs to be replaced

## Administration of medication

(43) Educators must administer medication according to their training, the child's medical management plan, written parental authorisation and our *Administration of Medication Policy*

(44) Children are not permitted to self-administer medication at our service

(45) Appropriately trained staff may administer emergency medication (such as Midazolam) to the child to prevent or reduce a prolonged seizure or cluster seizures, but only if this is directed in the child's emergency medication management plan

(46) Refer to our *Administration of Medication Policy* for more details, including about keeping medication records

## Procedures and staff training

(47) Educators and other relevant staff must follow the child's management plan, risk minimisation plan and communications plan for the day-to-day management of the child's epilepsy and if there is an incident related to their condition

(48) The approved provider and nominated supervisor must ensure that permanent and temporary staff, volunteers and students are inducted, and receive regular ongoing training, support and supervision to implement all epilepsy-related procedures in place, including (where relevant to their role):

- Knowing which children have been diagnosed with epilepsy and where to find their medication and individual plans
- How to implement the child's epilepsy management plan, emergency medication management plan (if there is one), risk minimisation plan and communications plan
- How to administer the child's medication, including emergency medication
- Recognising and responding to seizures, including seizure first aid procedures, post-seizure support actions, and what to do in an emergency
- Maintaining the child's sleep and daily routines to minimise risk of seizures
- Planning, monitoring environments and providing active supervision to reduce exposure to triggers or risks of injuries, as outlined in the child's epilepsy management plan
- Keeping accurate medication records and health records (e.g., seizure diary), and communicating these to families
- Upholding our inclusive practices, risk management, privacy and record keeping

(49) By law, at least one staff member who has current approved first aid training must be present and available at all times we are caring for children, including during off-site activities

(50) Our service goes above the minimum standards by ensuring that all educators have current approved training in first aid

(51) Staff who are responsible for directly caring for a child with epilepsy will undertake training from a recognised training institution and/or the individual child's medical team

(52) Training must cover understanding and managing the condition and for the administration of emergency medication with refresher training every 2 years or sooner when there is a change to the child's condition or treatment

(53) We will display seizure first aid procedure posters in prominent locations at the service

## Dietary therapy

(54) The approved provider and nominated supervisor must ensure that all children are offered food and beverages that are appropriate to their needs at regular times throughout the day (*National Regulations* reg 78)

(55) Our weekly menu caters to the dietary needs of children in our care, including those children who are on a medically prescribed dietary therapy to treat epilepsy

(56) The nominated supervisor will ensure that educators and other relevant staff members including kitchen staff are aware of any dietary requirements of any children who are on dietary therapy such as a ketogenic diet, modified ketogenic diet, low glycaemic index treatment or the inclusion of medium-chain triglyceride supplements

(57) Kitchen staff, with the help of families, must provide the child with the appropriate type and portion of food and fluids (as per their management plan) and, if required, educators must supervise the child during mealtimes and snack times

(58) Educators will be sensitive during mealtimes, or activities and discussions that involve food, to lessen any feeling of difference, exclusion or isolation of children who are on restricted diets

(59) Room leaders will advise the child's parent in advance of food-related activities (e.g., cooking, birthday celebrations, special events, excursions) so there is time to make any necessary treatment adjustments or provide alternative options

## Excursions, special activities and events

(60) The nominated supervisor and educators will plan higher-risk activities, excursions, non-routine activities and special events in advance in consultation with the child's parent (and their epilepsy team if required)

(61) Educators will implement any extra measures needed to prepare the child for activities, including outdoor play, to reduce the risk of seizures or injury from seizures

(62) As with other children in our care, educators must not leave a child with epilepsy unattended during water activities and will ensure that they wear a helmet if they are using a scooter or bike

(63) The nominated supervisor will ensure that an epilepsy-specific risk management and emergency response plans are developed for special events and off-site activities (e.g., transport, excursions) involving the child, with consideration given to the child's individual seizure triggers and possible injuries if they have a seizure

(64) The child's medication bag and management plans must be readily available during physical activities, outdoor play, special events, transport and travel and excursions

(65) At least one educator who has child-specific training will be present and available at all times we are caring for a child with epilepsy, including during excursions, special events and activities, transport and travel

## Incidents and reporting

(66) If a child has an incident relating to their epilepsy (e.g., a seizure, injury or a medical emergency) staff must follow our *Incident, Injury, Trauma and Illness Policy*

(67) The approved provider and nominated supervisor will offer support to any staff and children who have been affected by the incident

(68) A medical emergency or any other serious incident resulting from a seizure will trigger a review of the child's epilepsy management plan, medication management plan (if there is one), individualised risk minimisation plan and communications plan

## SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Staying Healthy 6th edition NHMRC | Epilepsy Foundation resources

## RELATED DOCUMENTS

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| Policies | See Medical Conditions Policy \| Administration of Authorised Medication Policy |
| Procedures | See Medical Conditions Policy \| Administration of Authorised Medication Policy |
| Resources | Example risk minimisation strategies – epilepsy (attached) \| Information about epilepsy (attached)\| Epilepsy Foundation website \|Epilepsy Action Australia \| Seizure first aid poster \| Epilepsy management plans – Epilepsy Foundation \| Epilepsy management plans – Epilepsy Action Australia |

## RESOURCE – Example risk minimisation strategies - epilepsy

| Example strategies for individual risk minimisation plans* | |
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| General | • Staff (including temp staff, volunteers and students) at induction and regular, scheduled intervals to be:<br>- briefed on which children have epilepsy<br>- trained to implement all related policies and procedures (e.g., administering medication, identifying and minimising triggers, identifying and responding to seizures, emergency procedures, dietary requirements, inclusive practices, record keeping, privacy, learning and development, post-seizure support etc)<br>- shown where they can locate the child's medication bag and copies of the child's plan<br>• Specific and additional training for epilepsy provided as needed<br>• If child has an illness, fever or infection, they should stay at home until they are better<br>• Educators to observe and record any changes in the child's seizure frequency, duration, or recovery patterns and communicate promptly with parents<br>• Staff to ensure the child has access to a calm, quiet area for recovery following a seizure<br>• With parent's permission and consideration given to privacy, a photo of child and details of their condition, to be displayed in appropriate locations |
| Medications and emergencies | • Parents are advised at enrolment and at regular intervals that the child cannot attend without their medication<br>• Medication bag and first aid kits to be audited by nominated supervisor and educators at scheduled intervals (checking labelling, expiry dates, quantities, equipment working and clean etc)<br>• Nominated supervisor to check that seizure medication (e.g. midazolam) is stored according to manufacturer's requirements (e.g. below 25°C, away from sunlight)<br>• Staff to be shown where medication bags and first aid kits are kept<br>• Only staff who are trained and authorised by the service may administer medication<br>• Educators to have hands on training with administering emergency medication<br>• Medication bags to include copies of epilepsy management plans and a photo of the child<br>• Alarms set to ensure children do not miss dose<br>• Emergency response posters or flowcharts for the child's seizure management plan displayed discreetly in staff areas<br>• Nominated supervisor to regularly check that educators know who is responsible for administering emergency medication if a seizure occurs<br>• Emergency medical response procedures are rehearsed regularly (at least once a year) reviewed through scenario-based drills<br>• Educators to document any seizures in the child's seizure log |

* Not an exhaustive list. Not all strategies will be appropriate or necessary. Adapted from Epilepsy Foundation resources and EpilespyWA seizure risk reduction strategies.

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| | • Educators to implement and record post-seizure support, including contacting parents and adjustments to the child's activities |
| Kitchen / food from home | • If child is on dietary therapy:<br>• Cook and kitchen staff informed of medical condition and plans – including dietary requirements - and trained to implement them<br>• Name and photo of child with food requirements/restrictions displayed in kitchen and children's room (if permitted)<br>• Parent to be given access to weekly menu for review<br>• Kitchen staff, educators (inc. volunteers and students) formally trained in safe food handling<br>• Educators to support and supervise the child if they are fasting or require meals/snacks at particular times |
| Eating and drinking times | • Room leaders/nominated supervisor have checklist to go through with new staff, relief staff, volunteers and students to identify each child with food protocols<br>• At least one (preferably two) educator checks dietary lists before serving food<br>• Staff supervision during mealtimes to reduce the risk of child consuming other children's food or drinks<br>• Meals for child to be labelled<br>• Educators remind children not to share food at mealtimes<br>• Educators to remind children to stay seated while eating and drinking<br>• Educators to discuss food safety with children and how to stay safe and look after friends at mealtimes<br>• Child to keep to regular mealtimes to prevent low blood sugar. Educators to document any missed meals or refusals to eat<br>• Educators to check for signs of dehydration and regularly offer child water, especially on hot days or after physical activity<br>• If child is on a restricted diet, educators to ensure special treats provided by the service (e.g. birthday cakes) are substituted with safe alternatives approved by parents |
| Sleep and rest | • Where possible, routines for sleep and rest to be kept consistent and the child to be offered extra sleep and rest according to their needs<br>• Sleeping risk assessments to consider individual risks and needs of children with epilepsy<br>• Extra checks and supervision if required<br>• Child may use a specialist bed type or a low bed to minimise risk of injury during seizures in rest areas<br>• Mattress to be firm with tightly fitted bottom sheet<br>• Educators to avoid the child overheating during sleep (e.g. light clothing, well-ventilated room, no heavy blankets) |
| Indoor environments and activities | • Room leaders/staff leaders to monitor indoor environment and activities for any possible triggers for epilepsy (e.g., overheating, sudden changes in temperature, flashing or flickering light, bright lights, loud noise, busy visual environment)<br>• Temperature to be kept consistent and at a comfortable level<br>• Educators to use anti-glare covers, turn off or cover flashing lights, projectors or toys that have strobe effects (if child is triggered by these) |

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| | • Educators to avoid showing videos or computer games that have rapidly changing light patterns<br>• Where possible, spaces to remain clutter free and free of sharp edges<br>• Offer child supervised quiet space or sensory breaks when overstimulated or dysregulated<br>• Minimise overcrowded, busy or noisy activities if child is distressed or tired<br>• If child is on dietary therapy, educators to use non-food rewards (e.g., pencils, stickers, privileges) if possible<br>• Educators to support children to regulate their emotions (eg., stress, anxiety, or sudden excitement) |
| Outdoor environments and activities | • Educators to have ready access to child's plan and emergency medication while outside<br>• Educators to monitor child for signs of overheating, dehydration or exhaustion<br>• If child is tired, dizzy or confused during play, educators to provide rest, shade and water immediately<br>• As with all children, child to wear helmet while using scooters or bikes<br>• Child not to be left unattended near open water or while doing water activities<br>• Child to be supervised during physical activities and when climbing on tall structures<br>• Outside activities on very hot days to be planned for times when temperature is at its lowest<br>• Extra water to be offered after exercise and on hot days<br>• Child may wear sunglasses on bright days or if there is a lot of sunlight reflection or flickering sunlight |
| Special events and activities, including excursions | • The specific risk management plans for the special event/excursion to consider specific risks and minimisation strategies for the child (e.g., flashing lights from concerts, discos, movies; loud noises from fireworks, sirens; or high activity levels)<br>• First aid kit to be brought to any special events and excursions, along with child's medical management plan, risk minimisation plan, communications plan, mobile phone, emergency contacts (educators to go through checklist before excursion/special events)<br>• At least one educator with approved first aid training must be present and available at the special event or the excursion<br>• At least one educator with specialist epilepsy training (including in the administration of emergency medication) to be present and available at all times<br>• Educators to check for mobile phone coverage and possible triggers/risks in the environment before the event or excursion<br>• Plans for fundraisers, cultural days or stalls, breakfast mornings, picnics and other celebrations involving food will consider the child's dietary requirements |

## RESOURCE – Information about epilepsy

**About epilepsy**

- Epilepsy is a disorder of the brain that causes a tendency to have recurrent seizures by a temporary disruption of the electrical activity of the brain
- There are many different types of epilepsy and about half of all diagnoses are unexplainable. Epilepsy may be genetic, or caused by a birth trauma, a brain injury, trauma, disease or infection
- Some types of epilepsy are considered syndromes, determined by the type of seizures, age of onset, gender, behavioural issues and the results of medical investigations. Examples include: Juvenile Absence Epilepsy; Childhood Epilepsy with Centrotemporal Spikes; Childhood Absence Epilepsy; Early Onset Occipital Epilepsy; Rett Syndrome; Juvenile Myoclonic Epilepsy. More examples and descriptions of symptoms are listed on the Epilepsy Foundation's website
- Each child's experience of epilepsy will be different. Epilepsy has a greater impact on some children than others. Some children will only ever have one seizure, whereas some children will have significant associated medical, physical, learning, behavioural and psychosocial complications
- About two thirds of people with epilepsy are seizure free while they are on medication
- Some behaviour and disorders in a child can mimic epilepsy (e.g., breath holding, sleep movements, dreaminess, migraine, fainting, heart and gut issues, and psychological issues)

**Seizures**

- There are different types of seizures with different symptoms:

(69) **Focal seizures** - start in one localised part of the brain and, in some cases, they may spread into both parts of the brain and into what looks like a generalised tonic-clonic seizure. Focal seizures may or may not impair consciousness, with the following signs and symptoms:

(70) **Impaired consciousness:** child may be dazed or unaware of their surroundings, clumsy, not responding to questions, confused, displaying unusual movements or behaviours (e.g., picking at clothing, picking up objects, chewing and swallowing, trying to stand or run, emotional changes), have a change in colour, wet themselves, vomit

- **Without impaired consciousness:** child may have abnormal bodily movements (e.g., limp, stiff, jerking), tingling or numbness, changes in their visual, auditory, olfactory perception, or unusual feelings or sensations that are hard to describe and frightening

- **Generalised seizures** – involve epileptic activity all over the brain simultaneously. Consciousness is always impaired, with the following signs and symptoms, depending on the type of generalised seizures
    - **Tonic-clonic seizures:** sudden loss of consciousness with the child commonly falling to the ground, followed by stiffening (tonic) and then rhythmic jerking (clonic) of the muscles. Child will usually have shallow or jerky breathing, bluish tinge to the skin and lips, drooling saliva, loss of bladder or bowel control. Seizures usually last for a couple of minutes, and then the child resumes consciousness and has normal breathing
    - **Absence seizures:** brief loss of consciousness and activity without falling or jerking in typical cases. Child will often have a momentary blank stare with subtle eye blinking and mouthing or chewing movements. Seizures will usually last only 5-30 seconds, and then the child will regain awareness and resume activities

(71) **Myoclonic seizures:** sudden and brief muscle contractions that may occur singly, repeatedly or continuously. The child's whole body may have a massive jerk or spasm, or the jerk/spasm may only involve individual limbs or muscle groups. If arms are involved, the child may drop what they are holding. If legs or body are involved, the child may fall to the ground

- **Tonic seizures:** generalised muscle stiffening for about 5-30 seconds, usually rare. Child may briefly stop breathing, change colour and drool. Often occur during sleep, but if they occur while the child is awake, they may fall violently to the ground and there is a possibility of injury
- **Atonic seizures:** sudden loss of muscle tone which may cause the head to drop forward (head nods), or sudden collapse and falling (drop attacks)

**Seizure triggers**

- Although seizures can occur for no obvious reason, some common triggers include: missing sleep, missing medication, irregular routines, illness, heat, strong emotions or boredom, missing meals, not drinking enough water, flashing or flickering lights

**Epilepsy treatments**

- Not all children who have seizures will need treatment. Many children will have just one seizure and do not need to be on medication
- Children with recurrent seizures may be prescribed preventative antiepileptic medication
- Occasionally, medication is prescribed to treat seizures only when they occur
- Uncontrolled epilepsy treatments include:
    - Rectal diazepam or intranasal/buccal midazolam for prolonged seizures and clusters
    - New antiepileptic medications available through drug trials or special access schemes
    - Epilepsy surgery

  - Dietary therapies such as ketogenic diets
  - Vagus nerve stimulation
  - Alternative therapies
- Lifestyle factors are important for managing epilepsy – in particular, getting enough sleep, stable routines for sleep, taking medication on time, minimising stress

**Impact of epilepsy on some children**

- Many children will experience very little day-to-day impact on their lives as a result of their epilepsy
- But, for some children, their epilepsy will be disruptive to their learning, physical and mental wellbeing, and social interactions for example:
  - Extreme fatigue
  - Loss of concentration
  - Impaired cognitive skills
  - Auditory processing problems
  - Behavioural issues
  - Lower self-esteem
  - Memory difficulties
  - Language difficulties
  - Medication side effects
  - Anxiety, embarrassment, self-conscious about seizures and their unpredictability
  - Physical safety risks when seizures occur unexpectedly