

# Introducing NASN's New Evidence-based Clinical Guideline

## Students With Seizures and Epilepsy

**Angela M. Lepkowski, DNP, RN, NCSN, PHNA-BC**

**Erin D. Maughan, PhD, MS, RN, PHNA-BC, FNASN, FAAN**

**Keywords:** seizures; evidence-based clinical guidelines, evidence-based practice; school nursing

Evidence-based practice recommendations are essential to provide high-quality school nursing care. Evidence-based practice also guides school nurses in caring for medically complex populations of students. An evidence-based clinical guideline (EBCG) follows a specific process that goes beyond a literature review. The process includes deeper scope of the literature, analysis of the strength of evidence, involvement, and reviews by experts in the field (Institute of Medicine, 2011; Shannon & Maughan, 2017). EBCGs are best completed by specialty organizations (Institute of Medicine, 2011). NASN adopted a model for EBCG for school nursing (Shannon & Maughan,

2017). *School Nursing Evidence-based Practice Clinical Guideline: Students With Seizures and Epilepsy* is NASN's first EBCG using this model.

Students with seizures and epilepsy experience complex and unique issues in the school setting due to the unpredictable nature of seizures, medication delegation barriers, knowledge deficits, and lack of daily school nurse presence (Hartman et al., 2016). This Guideline is based on the most recent and highest quality evidence available. Implementation of this Guideline will assist the school nurse in providing high-quality care of students with seizure disorders to improve the health and safety of students with epilepsy. The Guideline is a decision-making tool and is not intended to replace application of nursing judgment. Following the references is a recommendation portion of the Guideline, not the entire Guideline. The

complete Guideline can be accessed on [nasn.org](http://nasn.org).

### References

- Hartman, A. L., Devore, C. D. L., & Doerrer, S. C., Section on Neurology, American Academy of Pediatrics, Council on School Health, American Academy of Pediatrics, Section on Neurology, & Council on School Health. (2016). Rescue medicine for epilepsy in education settings. *Pediatrics*, *137*, e20153876. doi:10.1542/peds.2015-3876
- Institute of Medicine, Committee on Standards of Developing Trustworthy Clinical Practice Guidelines, Graham, R., Mancher, M., Wolman, D.M., Greenfield, S., & Steinberg, E. (Eds.). (2011). *Clinical guidelines we can trust*. Washington, DC: National Academies Press. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK209537/>
- Shannon, R., & Maughan, E. D. (2017, July). *A model for developing school nursing evidence-based practice clinical guidelines*. Paper presented at the Breakout session at the National Association of School Nurses Annual Conference, San Diego, CA.

## School Nursing Evidence-based Practice Clinical Guideline: Students With Seizures and Epilepsy Translation Into Practice Recommendations

| School Nursing Evidence-Based Practice Guideline  | Domains of Care  | References by Strength* (A, B, C)<br>(See Appendix B) |   |
|---|--|---|---|
| <p><b>ASSESSMENT</b><br/><i>The professional school nurse will assess:</i></p> <ul style="list-style-type: none"> <li>• Student health history.</li> <li>• Annually assess student access to a medical home and specialized care, including physical access to care and medical coverage.</li> <li>• Family and caregiver knowledge, engagement, coping and compliance in caring for the student with seizures and epilepsy.</li> <li>• Mechanism or plan for communication with HCP.</li> <li>• Student baseline seizure type and activity, including antecedents, presentation, frequency, and severity.</li> <li>• Presence of Seizure Action Plan.</li> <li>• Rescue medication accessibility, if indicated.</li> <li>• Presence of physical/medical co-morbidities, social/familial isolation, behavior/mental health concerns, and developmental/cognitive delays and disorders.</li> <li>• School and district policies, protocols, and procedures related to:               <ul style="list-style-type: none"> <li>○ Seizure and epilepsy training, including seizure first aid training.</li> <li>○ Medication administration to allow for delegation of rescue medication administration to UAP (if allowed per state/local policies), or plan for medication administration in absence of school nurse.</li> <li>○ Medical emergency preparedness and response.</li> </ul> </li> </ul> | Care Coordination  | A: 24, 25   |   |
|   |  | B: 9, 11, 16  |   |
|   |  | C: 1, 4, 12, 18, 20, 21, 22                           |   |
|   | Education/ Training  | A: 17, 24, 25   |   |
|   |  | B: 5, 15, 16  |   |
|   |  | C: 1, 2, 3, 4, 10, 18, 19, 20, 21, 22, 27             |   |
|   | Seizure Action Plan  | A: 17, 24, 25   |   |
|   |  | B: 15, 16   |   |
|   |  | C: 1, 3, 10, 19, 21, 22                               |   |
|   | Rescue Medication  | A: 6, 24, 25  |   |
|   |  | B: 8, 15, 16  |   |
|   |  | C: 1, 7, 14, 18, 22, 27                               |   |
| <p><b>NURSING DIAGNOSES</b></p> <ul style="list-style-type: none"> <li>• <i>Risk for ineffective airway clearance among students with seizures and epilepsy, as evidenced by accumulation of secretions during seizure.</i></li> <li>• <i>Risk for injury among students with seizures and epilepsy, as evidenced by environmental factors present during seizure, lack of SAP and/or IHP; secondary to seizure first aid knowledge deficit.</i></li> <li>• <i>Risk for social isolation among students with seizures and epilepsy, as evidenced by unpredictability of seizures, community-imposed stigma.</i></li> <li>• <i>Risk for delayed development among students with seizures and epilepsy, as evidenced by potential neurological deficits.</i></li> <li>• <i>Ineffective therapeutic regimen management among students with seizures and epilepsy related to complexity of therapeutic regimen, knowledge deficit, perceived barriers, and powerlessness, as evidenced by student-specific assessment findings.</i></li> <li>• <i>Ineffective community therapeutic regimen management among school personnel related to lack of knowledge of seizure first aid and management of students with epilepsy, as evidenced by reported lack of confidence and understanding in working with students with epilepsy.</i></li> </ul>  | Care Coordination  | A: 24, 25   |   |
|   |  | B: 9, 11, 16  |   |
|   |  | C: 1, 4, 12, 18, 20, 21, 22                           |   |
|   | Education/ Training  | A: 17, 24, 25   |   |
|   |  | B: 5, 15, 16  |   |
|   |  | C: 1, 2, 3, 4, 10, 18, 19, 20, 21, 22, 27             |   |
|   | Rescue Medication  | A: 6, 24, 25  |   |
|   |  | B: 8, 15, 16  |   |
|   |  | C: 1, 7, 14, 18, 22, 27                               |   |
|   | <p><b>OUTCOMES IDENTIFICATION</b><br/><i>The student will:</i></p> <ul style="list-style-type: none"> <li>• Receive health and educational support by means of an SAP, ECP, IHP, 504 Plan, or IEP.</li> <li>• Receive seizure first aid while experiencing a seizure in the school setting. (See Appendix C for Seizure First Aid Recommendations).</li> <li>• Experience reduced risk of injury during the school day, including school-provided transport.</li> <li>• Remain free from injury while experiencing a seizure in the school setting.</li> <li>• Return to class following a baseline seizure, if vital signs are stable and post-ictal phase has resolved.</li> <li>• Receive rescue medication as ordered by HCP and outlined in SAP.</li> </ul> | Education/ Training                                   | A: 17, 24, 25                             |
|   |  |   | B: 5, 15, 16                              |
|   |  |   | C: 1, 2, 3, 4, 10, 18, 19, 20, 21, 22, 27 |
| Seizure Action Plan   |  | A: 17, 24, 25   |   |
|   |  | B: 15, 16   |   |
|   |  | C: 1, 3, 10, 19, 21, 22                               |   |
| Rescue Medication   |  | A: 6, 24, 25  |   |
|   |  | B: 8, 15, 16  |   |
|   |  | C: 1, 7, 14, 18, 22, 27                               |   |

| School Nursing Evidence-Based Practice Guideline   | Domains of Care   | References by Strength* (A, B, C)<br>(See Appendix B)   |
|--|---|---|
| <ul style="list-style-type: none"> <li>• Be transported to the emergency room for assessment and treatment via EMS if:               <ul style="list-style-type: none"> <li>○ The seizure continues five minutes after rescue medication has been administered, or as otherwise specified by HCP.</li> <li>○ This is the student's first episode requiring rescue medication, in students with history of frequent serial seizures or convulsive status epilepticus.</li> <li>○ The student experiences any concerns with airway, breathing, circulation, or other vital signs.</li> <li>○ The student experiences a seizure in water or sustains a traumatic injury as a result of the seizure.</li> <li>○ The student experiences a first-time seizure.</li> </ul> </li> </ul>   | Special Education   | A: 23, 24, 26<br>B: 11<br>C: 12, 22   |
| <p><b>PLANNING</b><br/> <i>The professional school nurse will:</i></p> <ul style="list-style-type: none"> <li>• Collaborate with HCP to obtain an SAP and orders for use in the school setting. (Click here for example).</li> <li>• Develop a modifiable, customizable ECP and /or IHP template that includes steps for basic seizure first aid, other student considerations, and school site-specific considerations.</li> <li>• In collaboration with primary HCP or medical home, refer student with suspected or actual seizures and epilepsy to specialty care provider, or to the most qualified provider with experience in pediatric neurology if access to specialty care providers is limited.</li> <li>• Advocate for the <i>least restrictive</i> medication choice (buccal or nasal rather than rectal) in the child's environment:           <ul style="list-style-type: none"> <li>○ Buccal midazolam is recommended as first-line treatment in children with prolonged seizures in the community (school) setting.</li> </ul> </li> <li>• Collaborate with families/caregivers, student, and HCP to develop a comprehensive, mutually agreed upon IHP to be implemented in the school setting.</li> <li>• Consult and collaborate with student in planning IHP and health-related goals to increase self-advocacy and self-management of seizures and epilepsy.</li> <li>• Develop an IHP to address the student's individual needs related to seizures and epilepsy, including (but not limited to):           <ul style="list-style-type: none"> <li>○ Avoidance of seizure triggers/antecedents.</li> <li>○ Anti-epileptic drug side effects, such as drowsiness, fatigue, nausea, anorexia, headaches, hyperactivity, somnolence, gastrointestinal upset, and rash.</li> <li>○ Use (including parameters, instructions, and delegation/training, if applicable) of a Vagal Nerve Stimulator (VNS), as outlined in HCP orders.</li> <li>○ Dietary modifications, as indicated by HCP orders, and mechanism to assist student adherence to diet.</li> <li>○ Recording of seizure occurrence and/or seizure-like activity in an observation log (may be done by school nurse, teacher, or other trained individual) and communicating events to families/caregivers and HCP.               <ul style="list-style-type: none"> <li>• Observation log should include date/time of occurrence and description of what happened before (pre-ictal), during (ictal), and after (post-ictal) the event.</li> </ul> </li> </ul> </li> <li>• Develop a 504 plan with accommodations or IEP health recommendations/modifications/goals to ensure that the student can access the educational environment in the same manner as nondisabled peers. This may include:           <ul style="list-style-type: none"> <li>○ Access to an individual paraprofessional classroom aide.</li> <li>○ Ensuring access to a professional school nurse for assessment, treatment, and monitoring.</li> <li>○ Testing accommodations based on individual student's needs, as assessed by the school nurse, if indicated.</li> <li>○ Transportation recommendations.</li> </ul> </li> </ul> | Care Coordination<br><br>Clinical Practice Guidelines<br><br>Education/ Training<br><br>Seizure Action Plan<br><br>Rescue Medication<br><br>Special Education | A: 24, 25<br>B: 9, 11, 16<br>C: 1, 4, 12, 18, 20, 21, 22<br><br>A: 13<br>B: 16<br>C: 21<br><br>A: 17, 24, 25<br>B: 5, 15, 16<br>C: 1, 2, 3, 4, 10, 18, 19, 20, 21, 22, 27<br><br>A: 23, 24, 26<br>B: 15, 16<br>C: 1, 3, 10, 19, 21, 22<br><br>A: 17, 24, 25<br>B: 8, 15, 16<br>C: 1, 7, 14, 18, 22, 27<br><br>A: 23, 24, 26<br>B: 11<br>C: 12, 22 |

| School Nursing Evidence-Based Practice Guideline   | Domains of Care  | References by Strength* (A, B, C)<br>(See Appendix B)  |  |
|--|--|--|--|
| <p><b>IMPLEMENTATION</b><br/><i>The professional school nurse will:</i></p> <ul style="list-style-type: none"> <li>• Develop policies, protocols, and/or procedures related to: <ul style="list-style-type: none"> <li>○ Seizure and epilepsy training, including seizure first aid training.</li> <li>○ Medication administration to allow for delegation of rescue medication administration (if allowed per state/local policies) or plan for medication administration in absence of school nurse.</li> <li>○ Delegation and procedure for use of VNS magnet (if allowed per state/local policies).</li> <li>○ Resources and support to ensure adherence to special diets.</li> <li>○ Medical emergency preparedness and response plan specific to seizure emergencies.</li> </ul> </li> <li>• Implement SAPs/ECPs, IHPs, 504 plans, and IEPs as appropriate, communicating with student, family/caregivers, education, team, and HCP to improve and revise as needed.</li> <li>• Collaborate with families/caregivers, school administrators, and HCP to identify and train school personnel to administer rescue medication in the absence of the school nurse, in accordance with district policies, competency training and criteria, and state Nurse Practice Act and Rules.</li> <li>• Provide evidence-based seizure and epilepsy education and training, including seizure first aid, to school teachers and staff. If unable to provide education directly, arrange for in-person or online training to be provided through the local Epilepsy Foundation (recommended by the CDC and IOM). <ul style="list-style-type: none"> <li>○ Such training should include student-specific considerations for school personnel who care for student directly, per IHP.</li> </ul> </li> <li>• Establish collaboration between school nurse, families/caregivers, and HCP to ensure consistent communication. <ul style="list-style-type: none"> <li>○ School nurse will communicate occurrences of seizure emergencies and rescue medication administration to families/caregivers and HCP as soon as possible by caregivers' preferred method of communication.</li> </ul> </li> </ul> | Care Coordination  | A: 24, 25<br>B: 9, 11, 16<br>C: 1, 4, 12, 18, 20, 21, 22   |  |
|  | Clinical Practice Guidelines   | A: 13<br>B: 16<br>C: 21  |  |
|  | Education/ Training  | A: 17, 24, 25<br>B: 5, 15, 16<br>C: 1, 2, 3, 4, 10, 18, 19, 20, 21, 22, 27   |  |
|  | Seizure Action Plan  | A: 17, 24, 25<br>B: 15, 16<br>C: 1, 3, 10, 19, 21, 22  |  |
|  | Rescue Medication  | A: 6, 24, 25<br>B: 8, 15, 16<br>C: 1, 7, 14, 18, 22, 27  |  |
|  | Special Education  | A: 23, 24, 25<br>B: 11<br>C: 12, 22  |  |
|  | <p><b>EVALUATION</b><br/><i>The professional school nurse will collect the following information and evaluate:</i></p> <ul style="list-style-type: none"> <li>• Number of students who experience a seizure in the school setting.</li> <li>• Number of students diagnosed with a seizure disorder/epilepsy.</li> <li>• Number of students who have a seizure SAP (completed by HCP).</li> <li>• Number of students who have an IHP, 504 plan, or IEP to address seizure/epilepsy-related needs in the school setting.</li> <li>• Student and family/caregiver satisfaction with care coordination efforts of school nurse (qualitative and anecdotal evidence) among students with seizures and epilepsy.</li> <li>• Academic outcomes of students with seizures and epilepsy. <ul style="list-style-type: none"> <li>○ Time spent in class.</li> <li>○ Chronic absenteeism.</li> <li>○ Other outcomes, as specific to student.</li> </ul> </li> <li>• Establish collaboration between school nurse, families/caregivers, and HCP to ensure consistent communication. <ul style="list-style-type: none"> <li>○ School nurse will communicate occurrences of seizure emergencies and rescue medication administration to families/caregivers and HCP as soon as possible by caregivers' preferred method of communication.</li> </ul> </li> <li>• Attendance and number of health office visits of students with seizures and epilepsy.</li> <li>• Number of students who have access to seizure rescue medication.</li> <li>• Number of students who receive seizure rescue medication in the school setting for a prolonged convulsive seizure (or per parameters delineated in SAP).</li> </ul> | Care Coordination  | A: 24, 25<br>B: 9, 11, 16<br>C: 1, 4, 12, 18, 20, 21, 22 |
|  |  | Clinical Practice Guidelines   | A: 23, 24, 25<br>B: 11<br>C: 12, 22                      |
|  |  | Seizure Action Plan  | A: 17, 24, 25<br>B: 15, 16<br>C: 1, 3, 10, 19, 21, 22    |
|  |  | Rescue Medication  | A: 6, 24, 25<br>B: 8, 15, 16<br>C: 1, 7, 14, 18, 22, 27  |
|  |  | Special Education  | A: 23, 24, 25<br>B: 11<br>C: 12, 22                      |
|  |  | <ul style="list-style-type: none"> <li>• The disposition and outcome of students who experience a seizure in school: EMS and ER (discharged from ER or admitted to inpatient unit), home, return to class.</li> <li>• Frequency of school personnel seizure and epilepsy training (all personnel should be trained).</li> <li>• Emergency response of school staff in the event of a seizure occurrence in the absence of school nurse; subsequent outcome and disposition.</li> <li>• Successes and barriers in developing/implementing school health policies, protocols, and procedures relevant to the effective and appropriate management of students with seizures and epilepsy.</li> </ul> | Special Education  |

\* This Guideline is intended to be a decision-making tool and does not replace clinical nursing judgment (see full disclosure).

Appendix B. Strength Descriptors. Refer to the *School Nursing Evidence-based Practice Clinical Guideline: Students With Seizures and Epilepsy* for complete information including additional critical appraisal criteria

| Grading the STRENGTH of Practice Recommendations from the Evidence |                       |   |
|--|-----------------------|---|
|  | Strength              | Descriptor  |
| A  | Strong Evidence       | Based on consistent and good quality evidence; has relevance and applicability to school nursing practice   |
| B  | Moderate Evidence     | Based on evidence of moderate rigor or with minor inconsistencies in quality; has relevance and applicability to school nursing practice          |
| C  | Limited Evidence      | Based on evidence that is limited, low level, or has major inconsistencies in quality; has relevance and applicability to school nursing practice |
| D  | Insufficient Evidence | Insufficient or no evidence upon which to make a recommendation; based on traditional practice alone  |

\*Do not include sources of Strength Level D in CPG Recommendations

## References

- Arzimanoglou, A., Lagae, L., Cross, J. H., Beghi, E., Mifsud, J., Bennett, C., . . . Harvey, G. (2014). The administration of rescue medication to children with prolonged acute convulsive seizures in a non hospital setting: An exploratory survey of healthcare professionals' perspectives. *European Journal of Pediatrics, 173*, 773-779. doi:10.1007/s00431-013-2255-5
- Austin, J. K., Kakacek, J. R. M., & Carr, D. (2010). Impact of training program on school nurses' confidence levels in managing and supporting students with epilepsy and seizures. *Journal of School Nursing, 26*, 420-429. doi:10.1177/1059840510380206
- Brook, H. A., Hiltz, C. M., Kopplin, V. L., & Lindeke, L. L. (2015). Increasing epilepsy awareness in schools. *Journal of School Nursing, 31*, 246-252. doi:10.1177/1059840514563761
- Dumeier, H. K., Neininger, M. P., Bernhard, M. K., Syrbe, S., Merckenschlager, A., Zabel, J., . . . Bertsche, A. (2015). Knowledge and attitudes of school teachers, preschool teachers and students in teacher training about epilepsy and emergency management of seizures. *Archives of Disease in Childhood, 100*, 851-855. doi:10.1136/archdischild-2015-308306
- Eze, C. N., Ebuehi, O. M., Brigo, F., Otte, W. M., & Igwe, S. C. (2015). Effect of health education on trainee teachers' knowledge, attitudes, and first aid management of epilepsy: An interventional study. *Seizure, 33*, 46-53. doi:10.1016/j.seizure.2015.10.014
- Glauser, T., Shinnar, S., Gloss, D., Alldredge, B., Arya, R., Bainbridge, J., . . . Treiman, D. M. (2016). Evidence-based guideline: Treatment of convulsive status epilepticus in children and adults: Report of the guideline committee of the American Epilepsy Society. *Epilepsy Currents / American Epilepsy Society, 16*, 48-61. doi:10.5698/1535-7597-16.1.48
- Klimach, V. J., & Epic Clinical Network. (2009). The community use of rescue medication for prolonged epileptic seizures in children. *Seizure: European Journal of Epilepsy, 18*, 343-346. doi:10.1016/j.seizure.2008.12.002
- McIntyre, J., Robertson, S., Norris, E., Appleton, R., Whitehouse, W. P., Phillips, B., . . . Choonara, I. (2005). Safety and efficacy of buccal midazolam versus rectal diazepam for emergency treatment of seizures in children: A randomised controlled trial. *Lancet, 366*, 205-210.
- Miller, G. F., Coffield, E., Leroy, Z., & Wallin, R. (2016). Prevalence and costs of five chronic conditions in children. *Journal of School Nursing, 32*, 357-364. doi:10.1177/1059840516641190
- Olympia, R. P., Wan, E., & Avner, J. R. (2005). The preparedness of schools to respond to emergencies in children: A national survey of school nurses. *Pediatrics, 116*, e738-e745. doi:10.1542/peds.2005-1474
- Pastor, P. N., Reuben, C. A., Kobau, R., Helmers, S. L., & Lukacs, S. (2015). Functional difficulties and school limitations of children with epilepsy: Findings from the 2009-2010 National Survey of Children with Special Health Care Needs. *Disability and Health Journal, 8*, 231-239. doi:10.1016/j.dhjo.2014.09.002
- Russ, S. A., Larson, K., & Halfon, N. (2012). A national profile of childhood epilepsy and seizure disorder. *Pediatrics, 129*, 256-264. doi:10.1542/peds.2010-1371
- Sauro, K. M., Wiebe, S., Dunkley, C., Janszky, J., Kumlien, E., Moshé, S., . . . Institutionen för neurovetenskap. (2016). The current state of epilepsy guidelines: A systematic review. *Epilepsia, 57*, 13-23. doi:10.1111/epi.13273
- Sofou, K., Kristjánsdóttir, R., Papachatzakis, N. E., Ahmadzadeh, A., & Uvebrant, P. (2009). Management of prolonged seizures and status epilepticus in childhood: A systematic review. *Journal of Child Neurology, 24*, 918-926. doi:10.1177/0883073809332768
- Terry, D., Patel, A. D., Cohen, D. M., Scherzer, D., & Kline, J. (2016). Barriers to seizure management in schools: Perceptions of school nurses. *Journal of Child Neurology, 31*, 1602-1606. doi:10.1177/0883073816666738
- Wait, S., Lagae, L., Arzimanoglou, A., Beghi, E., Bennett, C., Cross, J. H., . . . Harvey, G. (2013). The administration of rescue medication to children with prolonged acute convulsive seizures in the community: What happens in practice? *European Journal of Paediatric Neurology, 17*, 14-23. doi:10.1016/j.ejpn.2012.07.002
- American Association of Neuroscience Nurses. (2016). *Care of adults and children with seizures and epilepsy: AANN clinical practice guideline series*. Retrieved from <http://aann.mycrowdwisdom.com/diweb/catalog/item/sid/43911044>

18. Centers for Disease Control and Prevention. (2017a). *School health policies and practices brief: Epilepsy and seizure disorder*. Retrieved from <https://www.cdc.gov/epilepsy/pdfs/SchoolHealthProfilesBrief.pdf>
19. Centers for Disease Control and Prevention. (2017b). *Seizure first aid*. Retrieved from <https://www.cdc.gov/epilepsy/basics/first-aid.htm>
20. Council on School Health. (2016). Role of the school nurse in providing school health services. *Pediatrics*, *137*, e20160852. doi:10.1542/peds.2016-0852
21. Cross, J. H., Wait, S., Arzimanoglou, A., Beghi, E., Bennett, C., Lagae, L., . . . Harvey, G. (2013). Are we failing to provide adequate rescue medication to children at risk of prolonged convulsive seizures in schools? *Archives of Disease in Childhood*, *98*, 777-780. doi:10.1136/archdischild-2013-304089
22. Hartman, A. L., Devore, C. D. L., & Doerrer, S. C., Section on Neurology, American Academy of Pediatrics, Council on School Health, American Academy of Pediatrics, and the Section on Neurology, & Council on School Health. (2016). Rescue medicine for epilepsy in education settings. *Pediatrics*, *137*, e20153876. doi:10.1542/peds.2015-3876
23. Individuals with Disabilities Education Act, 20 U.S.C. § 1400. (2004).
24. Institute of Medicine. (2012). *Epilepsy across the spectrum: Promoting health and understanding*. Washington, DC: National Academies Press.
25. National Institute for Health and Care Excellence. (2016). *Epilepsies: Diagnosis and management* (NICE Quality Guideline No. 137). Retrieved from <https://www.nice.org.uk/guidance/cg137>.
26. Rehabilitation of Act of 1973, 29 U.S.C § 504 (1973)
27. Shannon, R. A., & Kubelka, S. (2013). Reducing the risks of delegation: Use of procedure skills checklists for unlicensed assistive personnel in schools, part 1. *NASN School Nurse*, *28*, 178-181. doi:10.1177/1942602X13489886

**Angela M. Lepkowski, DNP, RN, NCSN,  
PHNA-BC  
Clinical Assistant Professor  
Chicago, IL**

Dr. Lepkowski is a Clinical Assistant Professor at the University of Illinois at Chicago College of Nursing and lead author of the Evidence-based Clinical Guideline: Students with Seizures and Epilepsy.

**Erin D. Maughan, PhD, MS, RN, PHNA-BC,  
FNASN, FAAN  
Director of Research  
Silver Spring, MD**

Dr. Maughan is the Director of Research at the National Association of School Nurses where she oversees data and evidence-based projects, such as evidence-based clinical guideline.