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EpilepSy Nurses Association

ESNA News Online

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Preview of Epilepsy Care

Welcome to the second edition of ESNA News Online. At this time of year, the Editorial Team are in the process of finalising the content of our "big sister" publication "Epilepsy Care". Here's a sneak preview of what's in the next edition due out in January 2009.

Epilepsy Research is vital if we are to develop new treatment modalities and strategies to help people cope with the condition. We report on a new initiative to co-ordinate UK epilepsy research. This will involve the charitable organisations as well as a multi-professional approach by clinicians working in the field which will, by definition, include Epilepsy Specialist Nurses.

Our main article in the January edition sees Epilepsy Specialist Nurse Sue Higgins present data from her work into the use of Buccal Midazolam as a rescue medication of choice for prolonged and serial seizures. This follows on from the data she presented in poster format at this year's ESNA Conference in Nottingham.

Epilepsy Care is the Journal of ESNA and as such complements the organization's events. We are pleased to include all of the posters from ESNA Conference 2008. These cover topics as diverse as swimming protocols for people with epilepsy and Learning Disability (the winning poster), the use of relaxation to help with seizure control and a comparison of diagnostic accuracy in epilepsy between a Consultant Neurologist and an Epilepsy Specialist Nurse.

ESNA News will report on the latest initiatives from ESNA. We also plan a piece on the thorny issue of freelance training. Should Epilepsy Specialist Nurses become involved in the practice and if so what are the potential pitfalls? With views from the NMC and RCN we hope to bring some clarity to the issue.

Finally, there will be the usual review of recent, epilepsy related publications as well as reminders about educational opportunities for Nurses interested in the field.

We hope you enjoy the magazine and that one day you may wish to contribute an article. As a further incentive, we have from the January 2009 edition, increased the honorarium from £200.00 to £250.00 for each article we publish.

ESNA Exec now up to full strength

Following the announcement of two new Exec members, Esther Whitten and Siobhan Hannan in September 2008, ESNA are delighted to announce the recruitment of Catherine Doherty which now brings the Exec up to a full complement of 10 members. Catherine is an Epilepsy Specialist Nurse for people with Learning Disabilities based in the West Midlands. She has a wealth of experience to bring to the Exec and will bring the number of ESN's in Learning Disabilities on the Exec up to 3.

All members of the Exec are available for members to contact about issues they would like raised. Feedback can also come from involvement with ESNA locality Groups. The Exec's brief is to lead the organisation by listening to and acting on the wishes of its members. So if you do gave a burning issue, drop a line today. All Exec contact details are on the website, www.esna-online.org.uk click on about us and follow the link to the exec members list.

Audit of Seizure Descriptions in a District General Hospital

Phil Tittensor

The diagnosis of epilepsy is largely a clinical decision based upon the description of the event given by the patient and witnesses. When the witness evidence is lacking, huge misdiagnosis rates have been recorded (Tittensor *et al* 2008). Even when the diagnosis of epilepsy is not in doubt, a syndromic diagnosis may be missed due to subtle differences in the seizure being missed.

Clearly, the skill of the interviewing clinician is paramount when eliciting these stories. So what happens when the clinician and the witness can't meet up? Perhaps surprisingly, this happens frequently when patients are admitted to hospital, particularly one which offers no specific Neurology beds. The nurse that witnesses the seizure is often not on duty when the specialist calls to review the patient, particularly if the seizure happened at night or over the week-end. When the specialist does manage to speak to the nurse witness, there has often been a passage of time and memories of the seizure become more vague.

Because of this, most organisations use seizure recording charts of one form or another to assist in the accurate description of events. These charts vary enormously, but the better ones will include a series of prompts to help the witness record relevant facts.

In the summer of 2007, it was decided to introduce a new seizure recording chart into a small District General Hospital. Previously, each ward had its own seizure recording system with most consisting of a blank page where a description could be written. Unfortunately, most entries would read "Grand Mal" or "Petit Mal", or newer terms such as "absence" without giving a description and which if taken on face value, would lead to diagnostic confusion.

The new chart had a series of questions to try to elicit better descriptions. It was introduced by the Clinical Nurse Specialist in Epilepsy who presented it to each ward team. This was backed up by a series of workshops enabling staff to practice writing accurate seizure recordings using video examples.

The use of the chart was audited in May 2008. It was decided to ask the clinical coding department to produce a list of all patients admitted to the Wards (as opposed to a visit to Accident and Emergency only) with a diagnosis of "seizures" over a 6 month period following the introduction of the seizure recording chart (September 2007 to March 2008). Eighty-six admissions were identified in this way. Twenty were chosen at random and the notes examined. The aim of the audit was to find out if the new chart was being used, and if so whether the descriptions provided were diagnostically helpful.

The results were disappointing. Only five sets of notes contained a seizure chart at all (all were of the new type). Of these, only one contained a good description of the event. Despite the additional training provided, the others contained statements like "had a seizure".

It was possible that the patients whose notes did not contain a seizure chart did-not have a seizure during their admission, although policy would still have dictated that a chart be present in the nursing notes. Sadly, a cross check with medical records revealed that on some occasions this was not the case and seizures had been noted during the patient's stay.

The results of the audit were presented to the Trust's Matron's. They have taken the problems identified by the audit back to the Wards and have been instrumental in relaunching the chart (with trust wide publicity and further education) and promoting its use. Anecdotally, this seems to have improved the use of the chart. A formal re-audit will take place in 2009.

Reference:

Tittensor P, Collins, J, Grunewald R, Reuber M (2008). Audit of Healthcare Provision for UK prisoners with suspected epilepsy. Seizure Vol. 17, No. 1, Pg. 69-75.

ESNA - EpilepSy Nurses Association is a professional organisation whose membership consists of nurses and other health professionals working to support people with epilepsy in the fields of adults, learning disabilities and paediatrics. We work with our membership to raise the profile of epilepsy and to encourage a holistic and co-ordinated approach to care to enable our patients to reach the goal of self-management.

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Final thoughts from the editor

ESNA Online is a resource that not only serves to disseminate information from the ESNA Exec to the membership, it also aims to give the opportunity for every Nurse involved in the care of people with epilepsy the chance to write about their service and see what problems and successes we have. Most Senior Nurses are expected to complete regular audits, and a short resume of these would be an invaluable contribution to the journal and our body of knowledge. They don't have to be groundbreaking or even successful (we all learn from our failures as much as our successes) and my example in this edition certainly ticks both boxes! However, by knowing what didn't work in one setting may help someone else think of a better way of implementing things in the future. So please get in touch with your stories, anecdotes, audits and comments. The next edition is scheduled for March 2009 and it would be good to see it packed with members content.

As a last thought, please remember to check out the new look ESNA website (www.esna-online.org.uk). An awful lot of hard work has gone into making the site more user friendly and interactive with new content added regularly. Why not set it up as your home page and keep abreast of all that is happening within ESNA and the wider healthcare community.