Description
Several terms are applied to convulsive disorders:
- **Seizure** is the least specific and refers to a variety of paroxysmal events thought to represent abnormal electrical activity in cerebral neurons.
- **Convulsions** are seizures that include motor phenomena, either repetitive (clonic) or maintained (tonic) involuntary contractions of muscles, which may be generalized or confined to specific muscle groups.
- **Epilepsy** refers to recurrent seizures either of unknown etiology (idiopathic epilepsy) or due to congenital or acquired brain lesions (symptomatic, organ, or secondary epilepsies).

Diagnostic Criteria
- Recurrent nonfebrile seizures
- An Electroencephalographic (EEG) recording is the primary diagnostic tool
- Considered convulsive-free if off medications and seizure free for a 2 year period

CSH Coverage
- Only providers listed on the Eligibility Letter will be paid
- Labs/Tests must be performed by a Wyoming Medicaid provider
- Well Child Checks (coverage limited to Pediatrician) according to AAP Periodicity Schedule
- Medications
  - Most Anti-convulsive medication
- Equipment/Supplies
  - Vagus Nerve Stimulation (VNS), PRIOR authorization required

Contact CSH for questions regarding additional medications and/or equipment/supplies

Minimum Standards of Care/Care Coordination
Refer to Care Coordination Manual, Ch. 3, Pg. 8, Child and Family Assessment
- Perform Nursing Assessment with detailed focus on the following: (List disease specific assessments)
  - Family history of seizure activity
  - Assess seizure activity, any changes in seizures (i.e. aura, fear, anxiety, numbness or tingling in the fingers, any loss of conscience, how long, and any injuries)
  - Complete psychosocial assessment
  - Assess when last EEG was completed
  - Nutrition and eating patterns
  - Exercise and physical activity
  - Current medications/any side effects or reactions
  - Known food and/or drug allergies
  - Height and weight, plot on growth curve
- Encourage testing as recommended by the American Academy of Pediatrics (AAP)
- Instruct client and family the importance and need to take their medications at the same time everyday to maintain “personal therapeutic level”, and not to abruptly discontinue anti-convulsion medication unless under close medical surveillance
- School performance and behavior
- Encourage family and child to live as “normal and active” life as possible

Contact CSH if family is Non-Compliant (i.e. repeated missed appointments, failure to follow healthcare plan)
• **Referrals** that may be recommended *(CSH prefers Pediatric Specialists, if possible)*

Visits to Providers may be limited due to budget
- Neurologist
- Mental Health
- Link the child and family with appropriate and needed services

*Specialists may or may not be covered by CSH Program*

• **Well Child Checks**
  - Immunizations (including vaccinations)
  - Assess and follow-up any abnormal findings
  - Dental
  - Vision
  - Hearing

• **Emergency Preparedness Plan**
  - Medic Alert ID bracelet / necklace should be encouraged
  - Medical Emergency Plan of what to do for the child’s care when away from home or with a different caregiver (i.e. safety and protection from potential injury in the event of a seizure, monitor length of seizure)
  - Discuss self-management of the disease
  - Encourage the family to speak with the child’s school in regards to the school’s policy on Convulsive disorders and emergency plan (i.e. administering medication, who will provide medical attention during a seizure)

• **Health Record**
  - Encourage family to maintain a record of the child’s health information (“Packaging Wisdom” as a suggestion) that includes:
    - Medication administration
      - Type
      - Dosage/Frequency, any side effects or response to medication
    - Seizure activity
      - Changes in behavior prior to and after seizure
      - Length of time/Frequency
      - Loss of conscience
      - Injuries acquired
    - List of providers and contact information, if available

• **Transition**
Refer to the Care Coordination Manual, Ch. 3, Pg. 10, Coordinating Care
  - Discuss with the family if the child is eligible for an IFSP, IEP, or qualify for Section 504 according to the American Disability Act (ADA)
  - Transitional issues to discuss with client and family:
    - Social Security Supplemental Income (SSI)
    - Social Security Disability Insurance (SSDI)
    - Legal issues such as:
      - Guardianship, Power of Attorney, Conservatory
    - Vocational Rehabilitation
    - Adult residential/community support services
    - Long-term care