Epilepsy Guide for Schools

Improving care for children and young people with epilepsy in London

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Produced in collaboration with North Thames & South Thames Paediatric networks
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Contents

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Summary: Who is this document for?

This brief and concise document is intended to enable schools to support children and young people with epilepsy effectively in an early years or school setting. Professionals supporting children and young people (CYP) with epilepsy in a variety of settings may find this a useful resource.

Recommendations and guidelines contained within are derived from clinical practice across London and additional contributions from a number of stakeholders.

What is your responsibility?

The Children and Families Act 2014 introduced a legal duty on schools to look after children with medical conditions. Schools must make arrangements to support pupils at school with medical conditions and understand what they are required to provide. For epilepsy this involves making sure staff are trained in how to manage seizures, guaranteeing equality of access and ensuring inclusion for opportunities provided during school activities.

KEY RECOMMENDATONS:

- *Every child or young person with epilepsy should have an individual healthcare plan. This should include what to do in the event of a seizure (and especially prolonged seizures), as well as other tailored advice for that young person.*
- *CYP should be supported throughout their education, recognising the impact that epilepsy has on learning, behaviour, mental health and wellbeing.*
- *Prompt identification of learning and behaviour needs in children with epilepsy is vital.*
- *Each school should have an up-to-date medical conditions policy.*
- *CYP with epilepsy should have appropriate supervision depending on their individual needs.*

Introduction

Epilepsy is a medical condition where a child or young person may have repeated seizures. Whilst many people have an impression of what a seizure looks like, there are actually many different ways in which a seizure can manifest.

School staff need to know how to manage seizures and to risk assess activities to ensure the child's safety and inclusion.

Epilepsy is not just a medical condition. Many children experience learning and behaviour problems due to the effects of seizures and epilepsy medications as well as the underlying cause of the epilepsy.

School staff should be aware of the unique impact of epilepsy on a child or young person, taking care to recognise the individual's needs and to support them appropriately so that they can achieve their potential.

Added to that, the stigma of having epilepsy can leave some children battling low self-esteem, exclusion, discrimination and a lack of understanding from both peers and adults.

School staff having better knowledge and awareness of epilepsy (and its effects) will help to decrease the stigma that CYP can experience.

The Children and Families Act 2014 introduced a legal duty on schools to make arrangements to support children with medical conditions. This includes children with epilepsy and so it is essential that all early years, school staff and those who support children in the school or after school activity setting have an awareness of this condition and how to manage its health, learning and behavioural impact.

What is epilepsy?

Epilepsy or the epilepsies are a group of conditions in which a person has a tendency to *recurring seizures*.

Approximately *1 in 200 CYP aged 18 and under have epilepsy* in the UK. Children with learning disability and those with an autism spectrum disorder are significantly more likely to have epilepsy so that in the specialist school setting, the proportion of children with epilepsy will be higher (NHS England » National bundle of care for children and young people with epilepsy).

School-aged children with epilepsy frequently have *additional challenges to their learning, emotional wellbeing or behaviour. In the Children with Epilepsy in Sussex Schools (CHESS) report, up to 95% of children in mainstream and specialist provisions are identified as having 1 or more learning or behavioural needs.*

In approximately two-thirds of CYP with epilepsy, the seizures can be controlled by anti-seizure medications but these can have unwanted side effects.

Some children with epilepsy require emergency medication if they are at risk of having a convulsive seizure that lasts longer than 5 minutes.

SUDEP (sudden unexpected death in epilepsy) is when a person with epilepsy dies suddenly and unexpectedly and no other cause for the death is found. It is thought to occur in around 1 in 1000 people with epilepsy and the risk increases with some complex, rare epilepsies.

Getting ready to support a child with epilepsy in school

Recommended information for schools:

Every child with epilepsy should have an individual healthcare plan (IHP) that describes their condition and how it is best managed. This document should be drawn up between:

- The child's school (teachers, school nurse, or SENCO if appropriate)
- Parents/carers
- The child's epilepsy healthcare team
- The child themselves.

Once this document is signed by all involved, it should be made readily available to all members of relevant staff.

The NHS England National Bundle of Care for Epilepsy states that the plan should include information about:

- Diagnosis (including seizure descriptions and any known seizure triggers)
- Current medication and treatment details
- Any impact on learning and behaviour
- Prolonged seizures care plan
- Water safety
- First aid
- General participation and risk (safety and injury prevention at home and at school or work, for example road safety, heights, cooking, sleep, adherence)
- SUDEP information

The individual healthcare plan should also include:

- **Background information:**
    - The child's diagnosis
    - A clear description of the child's seizures, frequency and duration
    - Classification of epilepsy type
    - Any known seizure triggers and 'warnings' prior to a seizure
    - Regular medications
    - Any related health problems

- **Emergency plan:**
    - What to do in the event of a seizure and when to call an ambulance
    - When and how to administer emergency medication should it be required, the dose required and where it is stored

    - Who is trained to administer emergency medication
    - Who to contact in the event of an emergency
    - What the child is like after a seizure and the follow up care recommended

- **Related support:**
    - Details of any problems with learning and behaviour and how these will be supported at school
    - Support the child or young person requires to manage their epilepsy
    - Appropriate risk management to support the child or young person's participation in all school activities
    - A date for review of the plan

Childhood epilepsy is often a fluctuating condition and therefore a child's individual healthcare plan should be reviewed annually or before if any details require alteration (e.g. changes in medication).

An example of an individual healthcare plan can be found here:
https://www.youngepilepsy.org.uk/guide-schools-key-elements-support/guide-for-schools-individual-healthcare-plans-information-for

IHP-child-form.pdf

Training

The Children and Families Act 2014 bought in new statutory guidance on 'Supporting pupils at school with medical conditions' that must be implemented by all schools. Part of this guidance states that staff supporting children with long-term medical conditions must have appropriate training to ensure they understand conditions such as epilepsy and the wider impact they can have.

Basic epilepsy training should be provided to staff. Depending on local availability, this could be via an appropriately trained school nurse (who has undergone specific epilepsy training themselves), or perhaps via the local epilepsy specialist nurse. Some epilepsy organisations can also provide training directly for wider members of school staff.

Examples of topics covered include:

- Different seizures types in epilepsy
- What to do in the event of a seizure
- First aid training
- How to administer emergency medication
- The impact of epilepsy
- Buccal midazolam/emergency medication training

For information on the training Young Epilepsy can provide to school staff and pupils, please visit: For education professionals | Young Epilepsy

There is also online learning for schools and people with epilepsy and their families available from Epilepsy Action:
Epilepsy for teachers | Epilepsy Action Learning
Epilepsy awareness for schools | Epilepsy Action Learning

Managing the medical aspects of epilepsy in schools

Awareness of seizure types

There are numerous different types of seizure. Different seizure types can affect movement, sensation, mood, memory, consciousness and behaviour to differing extents. Seizure types fall into two main categories: generalised seizures and focal seizures.

Generalised seizures affect the whole brain and usually result in a loss of consciousness. Types of generalised seizures include:

Type of generalised seizure	Symptoms
Absence	Sudden termination of activity, staring into space and unresponsive for usually 5-10 seconds
Atonic	A sudden loss of muscle tone
Clonic	Rhythmical jerking of the body
Myoclonic	Sudden jerks in sets of muscles of the body
Tonic	Stiffening
Tonic clonic	Initial stiffening, then rhythmical jerking of the body

Focal seizures are seizures which arise from just one localised area of the brain, hence the symptoms experienced will depend on which part of the brain is affected. Children often display altered awareness and responsiveness as part of a focal seizure and may be confused in the recovery period.

Type of focal seizure	Possible symptoms include
Temporal lobe	• Strange feelings, emotions or thoughts • Alterations in visual or verbal memory • Strange smells and tastes • Confusion with semi purposeful movements such as plucking at clothes, repeated swallowing or lip smacking • Alteration in awareness

Occipital lobe	Visual disturbance including simple visual hallucinations – for example seeing coloured spots.
Parietal lobe	• Feeling that a part of the body is getting bigger or smaller • Strange sensations down one side of the body, such as pins and needles, numbness or heat.
Frontal lobe	• Weakness, stiffness or jerking in part of the body • Confusion and dramatic movements of the body such as leg cycling, head turning and arm posturing

Some children may experience bilateral convulsive seizures. This starts with a focal seizure of a certain type and then progresses onto a generalised seizure, as the electrical activity spreads to affect the entire brain.

Awareness of seizure triggers

For some CYP, certain factors may make it more likely that they will have a seizure. Examples may include:

- Illness (particularly when accompanied by a fever)
- Stress, anxiety, excitement or boredom
- Lack of sleep or tiredness
- A noisy or warm environment
- Changes in anti-seizure medication, or failing to take it
- Menstruation

A small number of CYP are sensitive to specific triggers, such as:

- Flickering lights (rare; only 4% are affected by this)
- Natural lights which are within the photosensitive range (https://www.epilepsy.org.uk/info/photosensitive-epilepsy)
- Startle from noise or touch

Most importantly, any triggers should be identified on the child’s individual healthcare plan so that they can be appropriately managed and taken into account when planning activities. For example:

- If a child is more likely to have seizures when they are tired, it may be possible to arrange for them to start school later on some days, particularly if they have had seizures overnight
- If stress is a significant trigger of seizures then teaching stress management and relaxation skills may be beneficial.

Daily medication for epilepsy

The most common treatment for epilepsy is to use anti-seizure medication (ASM), and approximately two thirds of people who take this medication will stop having seizures. ASM is usually taken once or twice a day outside of school hours. It is prevention rather than a cure, and therefore needs to be taken regularly over a long period of time.

ASM can have adverse side effects, although these usually subside after initial introduction. CYP should be asked where appropriate about potential side effects.

Some common side effects include:

- Drowsiness or lethargy
- Mood and behaviour changes
- Appetite changes
- Dizziness or unsteadiness
- Memory, learning and attention problems

On occasion ASM can have additional positive effects on mood and/or behaviour.

As children with epilepsy grow, they are likely to require alterations to their ASM and, as a result, some side effects may temporarily re-emerge. In some cases, school staff may be the first to notice changes to a child's mood, behaviour and learning and this should be fed back to parents. It is important that parents communicate recent medication changes to the school to help manage any side effects and the increased risk of a seizure in some cases.

ASM may not work for all children with epilepsy. In these cases, other treatment options may be considered including brain surgery, Vagus Nerve Stimulation (VNS – a pacemaker like device for epilepsy) and special diets.

What to do in the event of a seizure

The following procedures are general guidance only and the child's individual healthcare plan should detail what to do specifically for them in the event of a seizure.

For focal seizures, you should:

- Record the time the seizure starts and stops (and hence the duration)
- Move any hazards out of their immediate vicinity
- Try to guide them away from any hazards
- Stay with them until they are fully recovered
- NOT restrain their movements
- NOT shout or grab at them
- NOT put anything in their mouth

For generalised seizures, you should:

- Record the time the seizure starts and stops (and hence the duration)
- Move any hazards out of their way
- Loosen tight clothing from around their neck
- Put something soft under their head
- When the jerking has stopped, place them in the recovery position
- Stay with them until they are fully recovered
- NOT restrain their movements
- NOT attempt to move them unless there is unavoidable danger

When to call an ambulance

A child’s individual healthcare plan should detail under what circumstances you need to call an ambulance in the event of a seizure. However, the general guidance is that you should seek urgent medical attention if a child:

- Has a first convulsive seizure
- Has a new type of seizure for that CYP that causes concern
- Has a convulsive seizure lasting for 5 minutes unless otherwise advised in the healthcare plan.
- Has repeated seizures without regaining consciousness in between
- Is not showing signs of usual recovery
- Is injured.

Emergency medication for prolonged seizures

Some children may have medication in school to be used in the event of prolonged seizures. This is usually administered if the child has a generalised convulsive seizure (tonic-clonic seizure) lasting 5 minutes, or two minutes longer than is usual for the child. The reason for this is that most seizures stop by themselves after 5 minutes. The longer seizures continue, the harder they are to stop.

If a CYP has a prolonged convulsive seizure, or if the child has clusters of convulsive seizures without regaining consciousness in between, it is a life-threatening emergency called status epilepticus. Emergency treatment of the seizure early on can help prevent status epilepticus.

A child’s individual healthcare plan should detail under what circumstances emergency medication should be given. A child will only be prescribed emergency rescue medication if they have experienced prolonged seizures previously. Staff who may need to administer emergency medication should be trained on how to do so and a record should be kept.

Witnessing a seizure

There is no definitive diagnostic test for epilepsy. Diagnosis is based on eye witness accounts of seizures, clinical history and the results of investigations such as brain scans and electroencephalograms (EEGs, or brain wave tests).

If you witness a child having a seizure at school it is helpful to document a detailed description of what happened before, during and after the seizure if at all possible.

An example of what to record when you witness a seizure can be found on Young Epilepsy’s website, at Guide for Schools | Accurate Seizure Records Keeping (youngepilepsy.org.uk).

Other children at school may witness a classmate having a seizure. Generally speaking, an open and honest explanation will help to lessen any fears and decrease stigma. However, it is crucial to consider the confidentiality of the young person with epilepsy, as some may not want to disclose their condition.

Non-epileptic seizures and non-epileptic attack disorder

A variety of terms have been used to describe episodes where there are changes in behaviour or consciousness which may, to an observer, resemble epileptic seizures. Non-epileptic seizures (NES) are sometimes termed functional or dissociative seizures. The terms psychogenic or pseudo-seizures are not felt to be helpful by patients or clinicians. NES are **not** accompanied by the electrical changes in the brain which are seen in epileptic seizures. Importantly, however, young people with NES may sometimes also have epileptic seizures. As such, it is important that individual healthcare plans for these children make clear which events are epileptic seizures (requiring emergency management as mentioned previously in this guidance), and which events are NES.

Risk assessment and inclusion

The UN Convention on the Rights of the Child (UNCRC) enshrines the right to access to education and specifically cites the right of the child with a disability to participate as far as possible and play an active role in the community.

Epilepsy is a disability and the Equality Act 2010 mandates appropriate support to enable participation for those with a disability. This statutory guidance, alongside that in the document 'Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk),' means that schools must make arrangements to ensure all children with epilepsy have access to education, sports and school trips and that they are not put at a substantial disadvantage. Of particular importance for epilepsy, schools must also support a child's social and emotional wellbeing.

Good risk assessment will enable all children to have full access to the curriculum and not feel excluded. Although many activities can be managed by putting the appropriate levels of supervision in place and taking sensible precautions, there may be certain high-risk factors that need to be taken into account when planning activities.

If a child's seizures are not well-controlled, they should:
- Avoid activities in which loss of consciousness could put them or others at risk
- Avoid activities that have a high risk of head injury
- Not climb higher than their own height if safety devices are not in use
- Have 1:1 supervision when swimming

Special consideration for school trips

Trained staff should ensure they take the child's individual healthcare plan and any emergency medication required. A checklist from Epilepsy Action is available: L016-Checklist-for-school-trips.pdf (epilepsy.org.uk).

Be aware of possible seizure triggers associated with the trip, such as excitement, fatigue, irregular eating and altered sleeping patterns. In terms of residential trips, discuss with parents if any special requirements are needed for nocturnal seizures and seizures on waking. Baths are not a safe option, and so showers are recommended when on school trips.

Managing the learning and developmental impact of epilepsy in schools

How does epilepsy affect learning and development?

Although learning difficulties are not an automatic consequence of epilepsy, children with the condition are at greater risk of learning and neurodevelopmental difficulties than those without.

Children with epilepsy have a higher chance of:

- Cognitive difficulties and additional learning needs
- Attentional, processing, memory-based and other executive function difficulties
- Neurodevelopmental diagnoses such as Autism, ADHD and Developmental Coordination Disorder (DCD).

It is likely that you as teaching staff will have a better knowledge of the CYP's neurodevelopmental profile than the epilepsy medical team. It will be important to have a low threshold for referring a CYP with epilepsy for neurodevelopmental assessment and be aware that the clinician treating the CYP's epilepsy may not be the appropriate clinician to assess the CYP for a neurodevelopmental disorder.

To seek neurodevelopmental assessment, make use of your established referral routes – typically this may be direct or via GP into Community Paediatric Services or CAMHS.

Be aware that CYP with epilepsy may present with an uneven cognitive profile concealing significant deficits, as described above. If a child is underachieving without clear cause, focused Educational Psychology assessment may help to identify these specific areas of need.

There are several reasons why a child or young person with epilepsy may present with learning or neurodevelopmental difficulties:

- There may be an underlying reason for both the epilepsy and the learning or neurodevelopmental difficulties. That is to say, they arise from the same origin - which may be genetic, structural (a problem with brain development), acquired (such as a brain injury), or a combination of factors.
- Frequent or complex seizures, or the presence of highly abnormal electrical activity in the brain, can sometimes contribute to cognitive or neurodevelopmental difficulties.
- Sometimes the medications we use to prevent seizures can have negative effects on cognition, learning and behaviour. For this reason, it is important that teachers take note of any unexpected changes in a child or young person's developmental or emotional profile and feed this back to parents.

Epilepsy and wellbeing

CYP with epilepsy are more likely to have emotional and psychological wellbeing difficulties, including significant anxiety and low mood. Such difficulties may present with changes in behaviour, engagement or learning.

Some of these emotional difficulties may derive from the child or young person's own functioning, and relate directly to the cause of their epilepsy. We know there is sometimes a direct link between epilepsy and mental health disorders.

In addition, the diagnosis of epilepsy itself has huge impact on the wellbeing both of CYP and their families. This must be recognised with appropriate support considered and put in place as required.

It should also be recognised that CYP with epilepsy will encounter the same challenges to their wellbeing as others – though their resilience or coping strategies may be less effective.

Whilst in some circumstances it might be correct to seek psychological and wellbeing support direct via the epilepsy medical team, it may otherwise be more appropriate to use your established routes into services that support CYP wellbeing.

The head teacher should ensure:

- An epilepsy policy is in place and is being effectively implemented
- All staff are aware of their responsibilities within the epilepsy policy
- All staff who need to know are aware of a child's epilepsy and their IHP
- Sufficient numbers of staff are trained in seizure first aid and the administration of emergency medication (such that an appropriately trained staff member is always practically close enough to respond in the event of a seizure)
- Staff are aware of the impact epilepsy can have on learning and behaviour
- All children with epilepsy have an IHP and this includes details of how epilepsy affects their learning and behaviour if they do not have a statement or EHCP
- Activities and school trips are appropriately risk assessed and safety precautions and/or enhanced supervision are put in place to enable children with epilepsy to participate fully in all aspects of school life, including physical and extra-curricular activities.

Parents and carers should:

- Liaise with their child's headteacher and healthcare team to provide the school with up-to-date information about their child's epilepsy and treatment
- Be involved in the development and review of their child's IHP, supplying information about their seizures, triggers, seizure management and how their learning and behaviour is affected by their condition
- Inform the school of any changes to their child's condition, including changes to seizure types, emergency protocols, seizure triggers and ASM

- Inform the school if they think their child is at an increased risk of a seizure on a particular day – for example if they are over-tired, stressed or ill and these are known seizure triggers
- keep the school supplied with appropriately labelled and in-date emergency medication

Where appropriate, pupils with epilepsy should:

- Be involved in the development and review of their IHP
- Be encouraged to share information on how their epilepsy impacts their school life and their social and emotional wellbeing

School staff should:

- Ensure they undergo appropriate training on how to administer emergency medication before they take on the responsibility to do so
- Be familiar with the IHP of any pupils in their care
- Regularly assess and monitor the learning and behaviour of a child with epilepsy as this may fluctuate over time
- Refer any children showing significant problems with learning and behaviour for an Education Healthcare Assessment
- Ensure activities and trips are risk assessed in reference to the specifics of a child's epilepsy

School nurses

School nurses, in some cases with the help of Epilepsy Specialist Nurses, can provide the following to schools:

- Advice and information for the development of IHPs and risk assessments
- Training on basic seizure first aid and administration of emergency medication

Safeguarding

Nothing is more important than children's welfare. Every child deserves to grow up in a safe, stable, and loving home. Children who need help and protection deserve high quality and effective support. This requires individuals, agencies, and organisations to be clear about their own and each other's roles and responsibilities, and how they work together.

Appendix 1 Legislation

The Children and Families Act 2014

Section 100 of the Children and Families Act 2014 introduced a legal duty on schools to look after children with medical conditions. This is inclusive of children with epilepsy. Schools must make arrangements to support pupils at school with medical conditions and have regard to the statutory guidance: *Supporting pupils at school with medical conditions.*

The Education Act 2002

Sections 21 and 175 detail how governing bodies of maintained schools must promote the wellbeing of pupils and take a view to the safeguarding of children at the school.

Section 3 of the Children Act 1989

This places a duty on a person with the care of a child to do all that is reasonable in the circumstances for the purposes of safeguarding and promoting the child's wellbeing. With relation to a child with epilepsy, this will mean knowing what to do in the event of an emergency.

Legal duties on local authorities

Local authorities have legal responsibilities to help make sure schools can meet the duties relating to children with epilepsy. These duties both refer to all children in the local authority and they do not depend on the kind of school the child attends.

Section 10 of the Children Act 2004

This is a particularly important piece of legislation if schools are struggling to get the support and training they need to allow them to look after a child with epilepsy properly.

Section 10 essentially means the local authority must make arrangements to promote cooperation between the authority and relevant partners. Relevant partners include the governing body of a maintained school, the proprietor of an academy, and Integrated Care Boards (ICBs).

They must make arrangements with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education.

Section of 17 of the Children's Act

This gives local authorities a general duty to safeguard and promote the welfare of children in need in their area. If a school is looking after a child with epilepsy so poorly that the child is put in danger, the local authority must step in.

Legal duties on the NHS

Section 3 of the NHS Act 2006

This gives ICBs a duty to arrange for the provision of health services to the extent the ICB considers it necessary to meet the reasonable needs of the persons for whom it is responsible.

What this means is that ICBs should provide the healthcare the people in its area need, if these needs are reasonable.

Equality Act (2010)

The equality act says that types of discrimination are illegal, defining discrimination as when a person with a disability is treated less favourably, because of his or her disability, than a person who does not have a disability.

The Equality Act 2010 defines a disability as a ‘physical or mental impairment’ that has ‘a substantial and long term adverse effect’ on an individual’s ability to carry out ‘normal day-to-day activities’. A substantial adverse effect is a negative effect that is more than trivial, and the effect is long-term if it has lasted or is expected to last for more than twelve months. Whilst only a court or tribunal can decide whether a person with epilepsy is covered by the definition, in many cases epilepsy is covered by the definition in the Act.

Education and early years providers have a duty to make arrangements for people with disabilities and failure to do so is a form of discrimination. The Act covers all schools and providers of early years settings that are covered by the early years framework in England, including maintained (non-fee paying) and fee-paying schools.

APPENDIX 2: REFERENCES and ADDITIONAL READING

Epilepsy Action: https://www.epilepsy.org.uk/

Epilepsy Action Online training for schools

http://learn.epilepsy.org.uk/training-for-schools

http://learn.epilepsy.org.uk/courses/epilepsy-for-school-staff/

Epilepsy Action: On-line courses
https://learn.epilepsy.org.uk/available-courses/

Epilepsy Research: www.epilepsyresearch.org.uk

National Institute of Clinical Excellence (2013) Epilepsy in children and young people

https://www.nice.org.uk/guidance/qs27

National Institute of Clinical Excellence (2012) Epilepsies Diagnoses and management

7 Treating status epilepticus, repeated or cluster seizures, and prolonged seizures | Epilepsies in children, young people and adults | Guidance | NICE (2025)

https://www.nice.org.uk/guidance/cg137

NHS England (2025) *10 Year Health Plan* https://www.england.nhs.uk

Royal College of Paediatric and Child Health: Epilepsy Passport

http://www.rcpch.ac.uk/improving-child-health/quality-improvement-and-clinical-audit/epilepsy-passport/epilepsy-passport

UK Government (2014). Supporting pupils at school with medical conditions;. Available from:
https://assets.publishing.service.gov.uk/media/5ce6a72e40f0b620a103bd53/supporting-pupils-at-school-with-medical-conditions.pdf

Young Epilepsy **www.**youngepilepsy**.org.uk**

Glossary

ASMs	Anti-seizure medications: medicines used try to prevent epileptic seizures.
CCN	Community children's nurse
CYP	Children and young people
Electroencephalogram (EEG)	A test that records the electrical activity in the brain. It does not provide a diagnosis of epilepsy, but may be useful for seizure (and epilepsy) classification, so to help determine the type of epilepsy or epileptic seizure
Emergency rescue medication	Medication that is used to terminate a prolonged seizure
Epilepsy	A group of conditions characterised by a tendency to recurrent seizures
Ketogenic diet	A high fat, low carbohydrate, controlled protein diet used in the treatment of medication resistant epilepsy
NICE	National Institute of Health and Care Excellence
NES	Non-epileptic seizures
Seizure	An alteration in sensation, behaviour, movement or consciousness as a direct result of a change in the electrical activity in the brain
Seizure trigger	Something that may increase the likelihood of a seizure
SENCO	Special educational needs co-ordinator
Status epilepticus	A prolonged convulsive seizure lasting for longer than 5 minutes or any seizure continuing for 2 minutes longer than their usual seizure of this type. Serial seizures continuing without recovery in between should be managed as status epilepticus.
Warning/Aura	A feeling that may occur at the start of a seizure that is only evident to the person themselves but may serve as a warning if they are able to communicate this. This may be a funny feeling, smell, taste or other sensation.

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