

The Role Of The Epilepsy Specialist Nurse

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Principles Of Developing Better Epilepsy Services



- Numerous reports into epilepsy care over the last ten years have suggested that effective epilepsy services in the U.K. are patchy.
- One of the major problems identified by the Clinical Standards Advisory Group (CSAG) in 2000 report was a lack of communication between primary and secondary care services.
- There is a need for better shared care between these services. The Epilepsy Nurses are pivotal to making this happen. (*Best Care: The value of Epilepsy Specialist Nurses 2010*)

How Epilepsy Nurses Improve Primary and Secondary Shared Care.

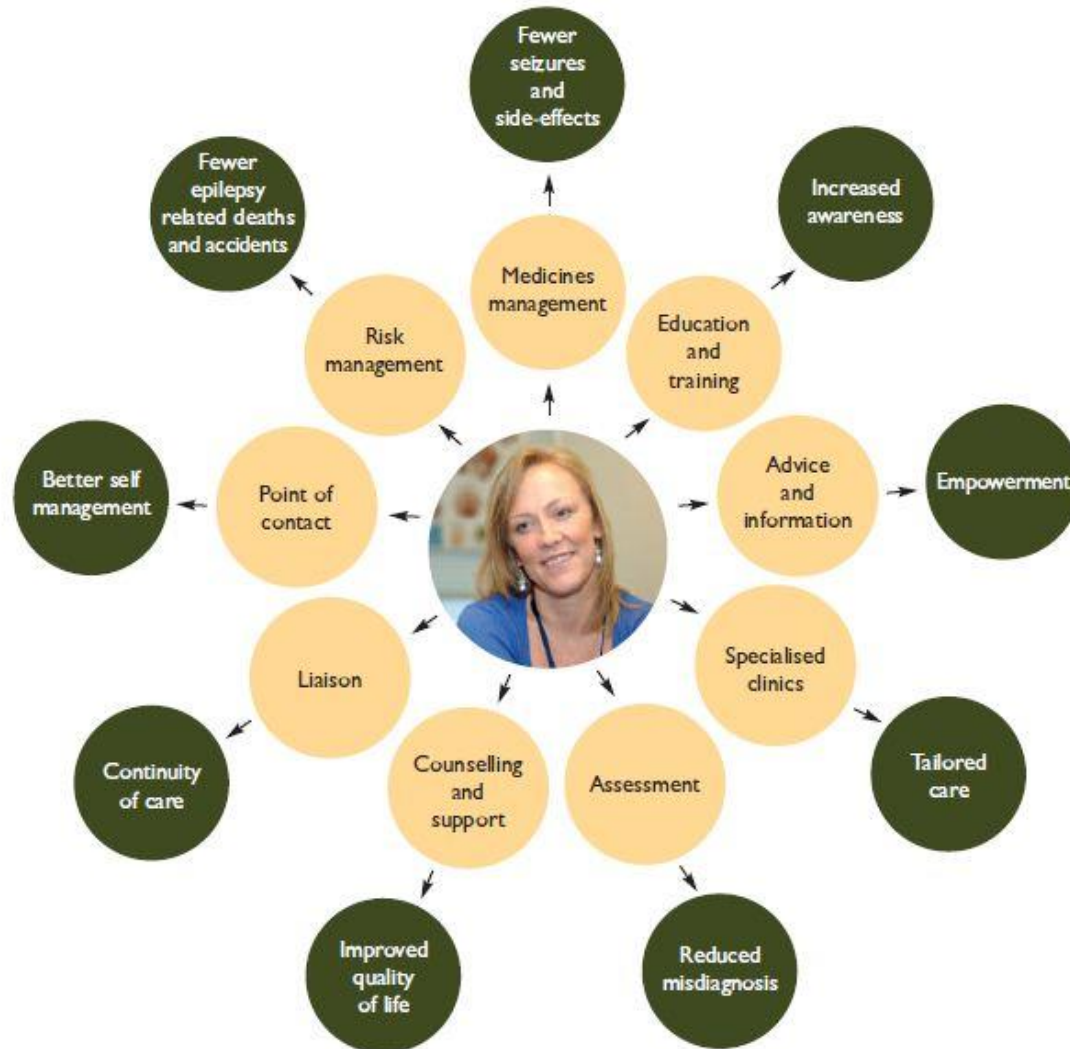
- Provide greater range of access to patients/families, carers, GP's etc to specialist advice, (by clinic appointment or telephone).
- More time to provide patients with verbal and written information.
- Often follow-up sooner than is possible for the neurologist. (Waiting time 4 weeks as of October 2012)
- Provide training in epilepsy care for primary care and other qualified healthcare staff as well as patients themselves and carers.

How Epilepsy Nurses Improve Primary and Secondary Shared Care.



- Once neurologist has diagnosed and proposed a treatment plan, the epilepsy nurse can complement this by reviewing implementation of recommendations. This frees up neurologist time and reduce waiting lists.
- GP referral to Epilepsy Nurses with issues raised from annual GP review. Can do joint clinics with GP's and/or practice nurses.
- Provision of information and training for patients, family members and carers.
- Bridge knowledge gap.

Essential Role of The Epilepsy Nurse.

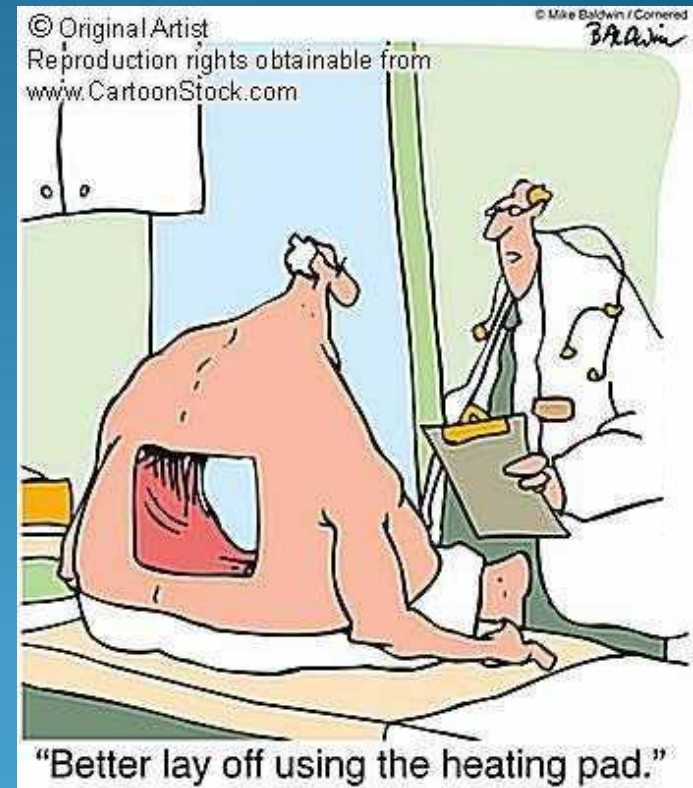


How Epilepsy Nurses Improve Primary and Secondary Shared Care.

- More likely to discuss lifestyle issues beyond mere medication.
- Provide telephone advice.
- “Epilepsy Nurse Specialists can enhance the quality of life for patients and seems to give more of a patient-centred approach to their care.” (SIGN 70, 2003 P29).
- Specialist clinic support for FVRH wards.

Benefits to the Patient.

- Patient Care.
- Clinical advice.
- Education and Information Provision.
- Patient Satisfaction?



Issues Epilepsy Nurses Routinely Discuss

- Follow-up to consultant recommendations. Effective, not effective?
- Lifestyle eg. Alcohol, drugs, sleep, safety at home, work.
- Issues around medication. Including desired effects, side-effects. Most effective type eg retard, Chrono. Interactions with AED'S, other medicines. Dose queries. .

Issues Epilepsy Nurses Routinely Discuss



- Contraception, pregnancy, menstruation & epilepsy.
- Seizure control, and continual epilepsy assessment.
- Safety issues, driving, work and at home.
- Epilepsy Lifestyle issues. For example alcohol, driving, sleep, pregnancy, contraception.
- Rescue medication training for relatives.

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- More use of sub-speciality clinics. For example for patients being considered for surgery, a transition clinic for teenagers, continuing care clinic for patients with refractory epilepsy and a women with epilepsy clinic.
- More scope for reviewing an epilepsy diagnosis and considering with the neurologist and/or neurophysiologist the appropriateness of surgery when referring for Epilepsy Investigations.

Future Developments Of The Epilepsy Nurse Service.

- Nurse prescribing course may equip epilepsy nurses (within their sphere of competence) optimise patient treatment.
- Use of audit to monitor quantity and quality of care.
- Instigate nursing research to help improve service delivery.

Epilepsy Nurses Do Not

- Diagnose epilepsy in patients.
- Independently prescribe medications. (this may change in some health trusts).

Other Neurology Staff

- The Neurologist;
- Initial Assessment & Diagnosis.
- Recommends for prescribing.
- Other Neurology Issues
- Complex Epilepsy

Neurophysiology Technician

- In Epilepsy, perform EEG with hyperventilation and photic stimulation.
- EEG's interpreted in Glasgow by Consultant Neurophysiologist.

Epilepsy Connections Fieldworker



- Provide education about epilepsy.
- Run epilepsy groups
- Advice re benefits, assistance with applications for funding.
- “Listening ear” support.
- Talking therapy based on NHS Mood Juice depression booklet.
- Home & work safety assessment advice

References

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- 4/ Sander J, Walker M, & Smalls (2005) Epilepsy 2005. From Neuron To NICE – A Practical Guide. Tenth Edition. Oxford. International League Against Epilepsy. p527-537.
- 5/Scottish Intercollegiate Guidelines Network (2003) Diagnosis And Management Of Epilepsy In Adults. Edinburgh. April.

Any Questions?

