

Practice Tool: Talking About Seizures and Rescue Therapies

Every person with epilepsy should have a seizure action plan.

Every person with epilepsy should be assessed for a rescue therapy.

What is a rescue therapy?

- Antiseizure medication used ‘prn’ (as needed) to stop seizure clusters or seizures that last longer than usual
- Stops seizures or clusters from becoming seizure emergencies
- Intended for out-of-hospital use by nonmedical people
- Does not take the place of daily antiseizure medications or emergency care
- If prescribed, a rescue therapy must be part of the person’s seizure action plan

FDA-Approved Rescue Therapies for Administration by Nonmedical People

Rescue Therapy/ Age Indication	Dosage and Administration	Bioavailability	Peak (T _{max})	Half-life (T _½)
Diazepam rectal gel (Diastat) ≥ 2 yrs	<ul style="list-style-type: none"> • Unit doses: 2.5, 5, 7.5, 10, 12.5, 15, 17.5, or 20 mg • Dosage based on age and weight • A 2nd dose may be given 4–12 hrs after 1st dose, as needed 	90%	1.5 hrs	46 hrs (parent compound) 71 hrs (active metabolite)
Diazepam nasal spray (Valtoco) ≥ 6 yrs	<ul style="list-style-type: none"> • Dosage strength: 5 and 10 mg (single spray), 15 or 20 mg (2 nasal spray devices) • Dosage based on age and weight • A 2nd dose may be given ≥ 4 hrs after 1st dose, as needed 	97%	1.5 hrs	49 hrs
Midazolam nasal spray (Nayzilam) ≥ 12 yrs	<ul style="list-style-type: none"> • Provided in a unit dose: 5 mg • A 2nd 5-mg dose may be given 10 min after 1st dose (in opposite nostril), as needed 	44%	17 min	2–6 hrs (parent compound) 2–7 hrs (active metabolite)

How do nasally administered rescue medications compare with rectal diazepam gel?

- Nasally administered rescue medications are easier to use, cause less somnolence, and have a faster onset of action (nasal spray: 1 to 5 min; rectal gel, 2 to 15 min)

When should a rescue therapy be prescribed?

Plans for rescue therapy use should be individualized for each person with epilepsy.

What to assess when evaluating the need for a rescue therapy

- Seizure clusters or seizures lasting longer than usual
- Convulsive seizures lasting > 5 minutes
- History of status epilepticus or other seizure emergencies
- Recent prolonged seizures or clusters of febrile seizures
- History of first seizure lasting > 5 min, multiple seizures, or status epilepticus prior to starting treatment
- Specific situations or triggers that may be associated with change in seizures
- Seen in emergency room or hospitalized for seizures
- Needed rescue therapy in past
- Safety concerns during seizures
- Seizures with prolonged aura/warning

Ways to start the conversation

- “What words do you use to describe your seizures?”
- “How often do you have a seizure? How long do they usually last?”
- “Have you had periods or groups of seizures that are different from usual? What do you call these?”
- “Is there anything special you do when these happen?”
- “Have you ever heard about treatments for seizure clusters?”

When to talk about rescue therapies

- At the time of diagnosis
- Change in seizure pattern (more frequent, change in type, breakthrough)
- Triggers identified that are associated with increased or breakthrough seizures
- New treatment-related concerns (seen in emergency room or hospitalized for seizures, change in treatment)
- Change in health status (changes in comorbidities or general health, pregnancy, injury)
- Change in developmental status
- Change in care setting or providers (eg, from pediatric to adult, hospital to school, hospital to home)
- Life changes or stressors

Common questions that people may have about rescue medication

- “What is it and why do I need it?”
- “Who can give it? Can I give it to myself?”
- “When do I use it and how?”
- “They [school, daycare, work, community provider] say they can’t give it. What do I do?”
- “What do I do if I live alone? How can I get help?”

Where can I find a seizure action plan?

- Epilepsy Alliance America ASAP (English, Spanish) <https://www.epilepsyallianceamerica.org/programs-services/seizure-action-plan/>
- Epilepsy Foundation SAP (English, Spanish, Chinese, Korean, Tagalog, Vietnamese) <https://www.epilepsy.com/preparedness-safety/action-plans>
- Seizure Action Plan Coalition (English, Spanish) <https://seizureactionplans.org/sap-examples/>
- Child Neurology Foundation (English, Spanish) <https://www.childneurologyfoundation.org/epilepsy-education-hub/>

How can I make seizure action plans a part of everyday practice?

- Put a seizure action plan form in new-patient information packages – start talking about it at first visit
- Ask patient/care partner to start filling in the form; bring to next visit or discuss on follow-up call
- Keep forms in the exam room, online, or with office staff
- Share the seizure action plan with everyone on patient’s health care team
- Ask patient/care partner to give copies to other providers and people who help them during seizures
- Discuss and/or demonstrate how to talk about seizures and the plan with friends and family
- Include the seizure action plan in visit summaries and the patient’s electronic health record



Where can patients learn more about rescue therapies and seizure action plans?

- Time to Talk About Seizures and Rescue Therapies www.conversationsaboutepilepsy.org

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