Department of Health
Nursing Care Quality Assurance Commission

Advisory Opinion

The Nursing Care Quality Assurance Commission (NCQAC) issues this advisory opinion in accordance with WAC 246-840. An advisory opinion adopted by the NCQAC is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and//or decrease risk.

Title:	Seizure Disorder Management: Nursing Care Coordination	*Number:* NCAO 30.00
References:	RCW 18.79 Nursing Care WAC 246-840 Practical and Registered Nursing	
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Supersedes:	Registered Nurses Coordinating Seizure Care Statement (Undated)	
Approved By:	Nursing Care Quality Assurance Commission (NCQAC)	

Conclusion Statement

The Nursing Care Quality Assurance Commission (NCQAC) concludes that it is within the scope of the appropriately prepared and competent registered nurse (RN) to coordinate nursing care for individuals with a seizure disorder to ensure continuity of care. It is within the scope of practice of the appropriately prepared and competent licensed practical nurse (LPN) to assist the RN in providing routine and non-complex care coordination activities for individuals with a seizure disorder. It is within the scope of practice of the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C) and other credentialed or non-credentialed unlicensed assistive personnel (UAP) to perform routine and non-complex tasks under the direction or delegation of the nurse specified within the nursing laws and rules and those specific to the facility/setting.

Background and Analysis

The NCQAC receives questions about the role of the nurse in coordinating care, including seizure care coordination and questions about delegation to UAP related to new technologies used for treatment.

Care Coordination

An overview of care coordination is necessary to describe the nursing role in seizure care management and delegation of tasks to UAP. Care coordination is a core professional standard and competency for the RN. The continuum of care quality improvement and cost control rely on effective coordination of patient care. Care coordination is a practice involving nursing assessment and care planning. Care coordination is a proactive approach that promotes quality, safety, and efficiency in care, resulting in improved health care outcomes that are consistent with nursing's holistic, patient-centered framework of care. The concept of care coordination applies to the nurse providing direct care across all settings and those in highly specialized care coordination positions. Care coordination is a broad term for other roles such as nurse navigator or nurse case manager. Case management is a targeted, community-based, proactive approach to care that involves case finding, assessment, care planning and coordination to integrate services to meet the needs of people with long-term conditions. Continuity of care is an approach to ensure that the patient-centered care team is cooperatively involved in ongoing healthcare management toward a shared goal of high-quality medical care. Communication, collaboration and cooperation between the health care team members and the individual are essential components of the continuity of care.

Care coordination is often done by the nurse in traditional and non-traditional health care settings. Examples include (but are not limited to):

- Hospital, psychiatric hospital, ambulatory care centers, clinics, and nursing home settings.
- In-home care and hospice settings.
- Community-based settings (Adult family homes, assisted living facilities, and residential homes for individuals with developmental disabilities).
- School settings (Public and private schools, head starts/preschools, boarding schools, and state schools.
- Mental health/behavioral care settings.
- Other settings (Child and adult daycares, camps, homeless shelters, and correction centers/jails).

There are a variety of models for care coordination, primarily models specific to chronic conditions, type of health care setting, and other factors. Examples include (but are not limited to) the Transitional Care Model (TCM), Patient-Centered Medical Home (PCMH), Accountable Care Organization (ACO), Chronic Care Model (CCM), and the RN Care Coordination and Transition Management (CCTM).

The American Academy of Ambulatory Care Nurses (AAACN) developed defining dimensions and core competencies for care coordination:

- Support for self-management.
- Education and management of patient and family.
- Cross setting communication and transition.
- Coaching and counseling of patients and families.
- Nursing process including assessment, plan, implementation/intervention, and evaluation; a proxy for monitoring and intervening;

- Teamwork and collaboration.
- Patient-centered care planning.
- Decision support and information systems.
- Advocacy.

Nursing Delegation
The nurse may delegate tasks to the nursing assistant-registered/nursing assistant-certified (NA-R/NA-C), certified home care aid (C-HCA), and other credentialed or non-credentialed unlicensed assistive personnel (UAP) within the laws and rules for the specific UAP, specific to setting, and following the delegation process. Only the RN can delegate in schools, kindergarten-twelve (K-12) grades (Chapter 28A.210 RCW), public and private and community based settings (adult family home, assisted living facility, and residential homes for individuals with developmental disabilities), and in-home care settings. (RCW 18.79.260, WAC 246-840-910, WAC 246-840-920, WAC 246-840-930, WAC 246-840-940, WAC 246-840-950, WAC 246-840-960, WAC 246-840-970).

Neuromodulation Devices
Neuromodulation is an option for treatment for intractable seizures and other conditions. This therapy involves using a device to send small electric currents to the nervous system. Vagus nerve stimulation (VNS Therapy®), responsive neurostimulation (RNS® Therapy), and deep brain stimulation are three approaches to neuromodulation for seizures and other disorders. VNS may be done using an implantable VNS (iVNS) or a transcutaneous VNS (tVNS). The iVNS may require "swiping" a magnet over the implanted device to add an extra impulse to stop a seizure or decrease a seizure's length. Using the magnet for the iVNS and using a tVNS requires a prescription from an authorized health care practitioner.

Recommendations

Seizure disorders are a chronic, complex condition requiring care coordination and case management to assure continuity of care. Institutions/facilities should have policies and procedures for care coordination activities specific to seizure disorders.

The following are key roles of the nurse in coordinating seizure management care:

1. Surveillance and case finding:
    a. Identify individuals with seizure disorders.
    b. Identify individuals who would benefit from care coordination in the management of seizure disorders.
2. Planning, implementation and evaluation:
    a. Provide for or facilitate care.
    b. Conduct a thorough nursing assessment that includes family capacity, family culture, social determinants of health (SDOH), patient and family culture health literacy, growth and developmental needs.
    c. Develop a nursing care plan, including an emergency care plan, based on healthcare provider orders, nursing assessment, patient/family priorities and evidence-based strategies.
    d. Identify resources to meet the needs of the patient and family (such as use of nursing care, family care, UAP, supplies, community support groups, financial

assistance, legal assistance) to support the physical, social, and emotional needs of the patient and family. Make referrals as necessary based on the care plan.

e. Train supportive staff.
f. Assess progress in meeting goals identified in the care plan.

Nursing Care Plan

The nurse is responsible and accountable for assessing and developing a plan of care. The nursing care plan should include the following:

- Current medical treatment plan and orders.
- Need for assistance with care plan and potential gaps in self-care such as medication assistance or administration, and who will be available to assist if the patient is unable to perform the activities of self-care. Include the following if a neuromodulator device is in use:
    - Location and type of the iVNS device if implanted or use of a tVNS.
    - Direction and duration of use of a magnet for swiping if an iVNS is in use.
    - Circumstances that require notification of defined staff and emergency medical services when a VNS device is used.
    - Delegation of use of the VNS to UAP (if appropriate).
- Description and information about typical emergent situations the patient may experience, including early indications of impending seizure activity and types of seizure activity the patient is likely to exhibit.
- Community resources, including level of emergency medical services available and usual response time.
- Emergency care plan including description of emergency for this individual, medical treatment plan during the emergency, personnel available to assist during an emergency, tasks to be performed by each member, and when should EMS be activated.
- Follow-up plan including notification of appropriate members of the healthcare team.
- Coordinating care with appropriate health care team members as appropriate.
- Documentation of other medications and treatments.
- Safety precautions and emergency care instructions.
- Documentation of seizure activity.
- Patient/family and caregiver education.
- Communicating with the patient/and or responsible party, provider and other health care personnel in a timely and appropriate manner.
- Documenting complete, accurate and legible entries in any and all records required by federal and state laws, regulations, and accepted standards of nursing practice

Neuromodulation Devices

The nurse in a care coordinating role must ensure the availability of sufficient resources to provide for VNS training sessions, including, but not limited to organizational, evidence-based policies and procedures consistent with current nursing standards that provide for:

- Processes to acquire and maintain competencies related to use of the neuromodulation device.
- Protocols for assessing, validating and documenting competency acquisition and maintenance for VNS use.
- Nursing care responsibilities, including, but not limited to patient assessment, monitoring, education principles, response to potential complications and/or emergency situations, and documentation criteria.
- Policies related to delegation to UAP.

Conclusion

Nursing care management and care coordination are needed to ensure the health and safety of patients for individuals with a seizure disorder. The appropriately trained and competent RN or LPN may activate the use of an iVNS or tVNS The nurse may delegate activation of an iVNS or tVNS device following the delegation process as allowed within the laws and rules specific to scope of practice and setting.

References

Developing Ambulatory Care Registered Nurse Competencies for Care Coordination and Transition Management (jefferson.edu)

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