



How Epilepsy Nurses and the Epilepsy Nurses Association (ESNA) help to keep people with epilepsy safe

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What Do Epilepsy Nurses Do?



- ▶ See patients!
 - Nurse led clinics
 - Telephone / text / email consultations
- ▶ React to problems
 - Increase or change in seizures
 - Lifestyle challenges
 - Pregnancy / transition
- ▶ Discuss SUDEP
 - Time to assess & present risk
 - Identify ways to minimise harm from seizures

Management of epilepsy



- ▶ Long term management of epilepsy requires:
 - Continuity of care
 - Time for discussion
 - Understanding of epilepsy and the PWE
 - Inquisitive nature
 - Non medical advice (e.g. life hygiene)
 - Treatment concordance
 - Plan for optimal AED strategy
- ▶ Target most troublesome/dangerous seizures
 - GTCS
 - Tonic / atonic (drop attacks)???
 - Focal with impairment of awareness???

What is ESNA?



- ▶ Founded in 1992
- ▶ “carrying the torch for epilepsy”
- ▶ Education, support and guidance for ESN’s
- ▶ 350+ members (estimated 385 ESN’s in UK)
- ▶ Influence national policy / guidelines (e.g. NICE, SIGN)
- ▶ Develop tools to support and empower ESN’s
- ▶ Champion safety and QOL (ordinary life principles)

Epilepsy Nurse Competencies



- ▶ First published 2013
- ▶ Adult, learning disability & paediatric versions
- ▶ Wide consultation
- ▶ Ratified by the RCN
- ▶ Identifies skills expected from novice, competent and expert nurses
- ▶ Supports individuals, commissioners and trusts
- ▶ Protects patients & nurses by identifying competencies to work within

ESN Competency Framework-12.pdf - Adobe Reader
File Edit View Window Help



	NOVICE SPECIALIST NURSE	COMPETENT SPECIALIST NURSE	EXPERT SPECIALIST NURSE
III. COMPLEX EPILEPSY. Use expertise, communication and co-ordination skills to ensure continuity of care between hospital and the community care setting. As needs become more complex, more agencies become involved	To understand that seizure remission is not always possible for all PWE.	To use evidence-based assessment tools to assess the patient's seizure frequency and severity.	To be knowledgeable about the trajectory of epilepsy and be responsive to the changing needs of the patient, their families/careers.
	To be aware that many PWE may be well in most aspects of their physical health but continue to have seizures.	To be confident in managing the differing reactions to ongoing seizures and be able to support PWE.	To develop networks of professional contacts that can provide ongoing support to PWE.
	To consider and identify signs that may illustrate the need for increased patient and family support or intervention.	To complete appropriate assessments to support referral onwards for increased support/assessment.	To design clear treatment pathways that ensure PWE are reassessed at appropriate intervals and recognise the need for crisis intervention.
	To be mindful that PWE may need help/support to navigate the health and social care setting to obtain the help/assistance they need.	To provide practical assistance through sign-posting or providing direct assistance to resolve problems/concerns.	To develop strong partnerships in health, social, voluntary and independent sectors to assist in information, education and ongoing support for PWE.
	To maintain contact with patients and provide opportunities to re-evaluate seizure frequency and severity.	To assess the efficacy of current epilepsy treatment and consider when to refer the patient on for further specialist review.	To be directly involved in epilepsy service development by the writing of business plans, and provision of audit data, that supports the provision of a full range of treatment options for PWE.
EXAMPLE OF COMPETENCY	Evidence of referrals/intervention. Case conference notes, MDT links/professional relationships. Case study review and evidence of reflective practice. Demonstrate an awareness of patient confidentiality issues when dealing with agencies outside the NHS, such as the voluntary sector or government agencies.	Shared care guidelines. Evidence of referral on for support from other agencies including the voluntary sector (ensuring prior agreement from the PWE).	Patient satisfaction surveys. Evidence of pathways/protocols developed. Observed chairing of complex case conferences of MDT reviews. Evidence of provision of ongoing patient support through patient groups, self-management programmes and patient education meetings.

ESNA Guidelines for training professional carers



- ▶ Covers epilepsy awareness and midazolam training
- ▶ No current guidelines
- ▶ Builds on JEC guidelines from 2012
- ▶ Piloted by Dr Shankar and team in Cornwall
- ▶ Requires face to face training locally
- ▶ National on-line test post training
- ▶ Regular updates

