



AO 30.00 Seizure Disorder Management: Nursing Care
Coordination

Adopted: 1-14-2022

Reviewed/Revised:

Rescinded:

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Advisory Opinion: Seizure Disorder Management: Nursing Care Coordination

Purpose

This advisory opinion provides guidance about the roles, responsibilities, and scope of practice for the registered nurse (RN) and licensed practical nurse (LPN) in nursing care coordination in seizure disorder management.

Background

The Washington State Board of Nursing (WABON) receives questions about the role of the nurse in coordinating care, including seizure care coordination and questions about nurse delegation to unlicensed assistive personnel (UAP) related to new technology 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 relies 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):



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- Hospitals, psychiatric hospitals, 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 patients and family.
- Cross setting communication and transition.
- Coaching and counseling patients and families.
- Nursing process includes 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



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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.

Statement of Scope

The WABON concludes that it is within the scope of the appropriately prepared and competent RN to coordinate nursing care for individuals with a seizure disorder to ensure coordination of care. It is within the scope of practice of the 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.

Requirements and 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.



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- 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 the 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.



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- 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 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.

References and Resources

[RCW 18.79 Nursing Care](#)

[WAC 246-840 Practical and Registered Nursing](#)

[Support for Practicing Nurses | Nursing Care Quality Assurance Commission \(wa.gov\)](#)

[Practice Guidance | Nursing Care Quality Assurance Commission \(wa.gov\)](#)

[Practice Information | Nursing Care Quality Assurance Commission \(wa.gov\)](#)

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

[Care Coordination and the Essential Role of Nurses | ANA \(nursingworld.org\)](#)

[Seizure-and-Epilepsy-Guidelines NASN 2018.pdf \(ncesd.org\)](#)



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[World Health Organization: Continuity and Coordination of Care](#)

[Epilepsy Care - My American Nurse 2019](#)

[Continuity of Care: NCLEX-RN || RegisteredNursing.org](#)

[Care Coordination Models and Tools: A Systematic Review and Key Informant Interviews \(va.gov\)](#)

[Effective Care Coordination and Transition Management for Older Adults: Nursing made Incredibly Easy \(lww.com\)](#)