

serious potential side effects include excessive sleepiness, changes in appetite, and worsening behavior and mood. Parents should be encouraged to share their observations with their child's health care provider. Parents should understand that the child needs periodic physical assessment. Depending on the medication prescribed, some children will need regular testing of their complete blood count and liver functions. Possible adverse effects on the hematopoietic system, liver, and kidneys may be reflected in symptoms, such as fever, sore throat, enlarged lymph nodes, jaundice, and bleeding (e.g., easy bruising, petechiae, ecchymosis, and epistaxis). The most common cause of status epilepticus in children taking antiepileptic medications is missed medication.

Children with epilepsy are not at increased risk for injury with the exception of head injury ([Baca, Vickrey, Vassar, et al, 2013](#)). The degree to which activities are restricted is individualized for each child and depends on the type, frequency, and severity of the seizures; the child's response to therapy; and the length of time the seizures have been controlled. To prevent head injuries, children should always wear helmets and other safety devices when participating in sports, such as biking, skiing, skateboarding, horseback riding, and in-line skating. Only children with frequent seizures must avoid these activities. Children with epilepsy should avoid activities involving heights, such as climbing on play structures taller than they are. Submersion injuries are a serious risk for children with a history of seizures. Children should never be left alone in the bathtub, even for a few seconds. Older children and adolescents should be encouraged to use a shower and reminded not to lock the bathroom door when showering. They must have eyes-on supervision at all times when swimming.

Because the child is encouraged to attend school, camp, and other normal activities, the school nurse and teachers should be made aware of the child's condition and therapy. They can help ensure regularity of medication administration and provision of any special care the child might need. Teachers, child care providers, camp counselors, youth organization leaders, coaches, and other adults who assume responsibility for children should be instructed regarding care of the child during a seizure so that they can react calmly, provide for the child's safety, and influence the attitude of the child's peers.