

March 3, 2020

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Senator Paul Pinsky, Chairman
Senate Education, Health, and Environmental Affairs Committee

Chairman Pinsky, Vice Chair Kagan, and members of the committee:

I am writing to you today to submit my support to SB549. I have been a Registered Nurse for 17 years. I am also certified in Pediatric Nursing and work in the outpatient Radiology department for a local pediatric hospital. One of the primary functions of my job is to provide care for children requiring sedation for imaging exams such as MRIs. This is where I encounter many children and families who are all too familiar with seizures and epilepsy.

Many times after a child has had a seizure, they are ordered to have radiologic imaging, such as a MRI, performed. This helps their providers to see if there is a structural reason for the seizure activity, such as a mass or excess fluid causing pressure on the brain. The imaging also helps determine a treatment plan and pathway. Out of the 620 sedated MRIs my outpatient radiology department performed from January 1, 2019-February 20, 2020, nearly a quarter of those MRIs were for a primary diagnosis of seizure or epilepsy. Please note that I stated primary. There were many more done for purposes such as Autism, Neurofibromatosis (NF), or Tuberous Sclerosis Complex (TSC); conditions known to have a high likelihood for seizure disorders. Please also note that these were just for our sedated cases that required Nursing care. Our facility performed several non-sedate MRIs for seizure concerns during the same timeframe.

Because so many of the children I work with require sedation (general anesthesia) to successfully complete a MRI, I review medical records and speak to the families ahead of time to obtain health histories about the need for imaging. For those children who are having MRIs for seizure concerns, often times the parents state that a first-time seizure took place at school, or a teacher brought to the parent's attention that their son/daughter was having frequent staring spells, for example, in class and wanted to make sure there wasn't a medical concern being overlooked. It is because of these concerns brought forth from teachers and school staff that the children are even being evaluated for possible seizure activity in the first place.

Because school staff are not only the primary providers of education for our children, but are in charge of their safety as well, and for several hours each school day, I do feel that it is

important for the safety of **all** of our children to ensure that the measures within SB549 are taken seriously. They are our eyes and ears when we as parents are not able to be with our children.

Nobody is immune from having a seizure. Ensuring that there are staff members at each public school within our state adequately trained to provide proper care to a person experiencing a seizure can truly be a matter of life and death. Take it from someone who cares for children with seizures on a daily basis at my job. Thank you all for taking the time to read my written testimony and I urge a favorable report on SB549

Respectfully,

Kathleen M. Guglielmone, BSN, RN, CPN