Epilepsy Management Plan Guide



	Epilepsy Smart
Epilepsy	Adstralia
Management	
Plan	Insert jpeg here
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1. General information	
Name of person experiencing seizures:	
Date of birth:	Date to review *:
Epilepsy/seizure diagnosis (if known):	
Emergency contact details:	
Tell us about any other important information the (Examples may include location of medical records, non-vermistaken for seizures, VP shunt, stimming, instructions for the control of the control o	erbal, uses wheelchair, exhibits behaviours that can be
4. Has emergency epilepsy medication been preso	cribed?
Yes No No	
If yes, please attach any emergency medication documentation please provide both of these documents to Emergency Responses	
If you have been specifically trained to administer the emerge Management Plan.	ncy medication, please refer to the Emergency Medication
Where is the emergency medication located?	
Client Name DOB:	EMP Oct 2022 Page 1 of 3

1. General Information

- If these records are attached to the Epilepsy Management Plan (EMP) then write "attached"
- If these records are not attached, then clearly state where they are located
- If the EMP is to be used by multiple organisations, leave blank so that each organization can write in where their organization will store the documents
- An epilepsy diagnosis is made by the doctor. For example Dravet Syndrome, Lennox Gastaut Syndrome. Write 'not known' if this is applicable

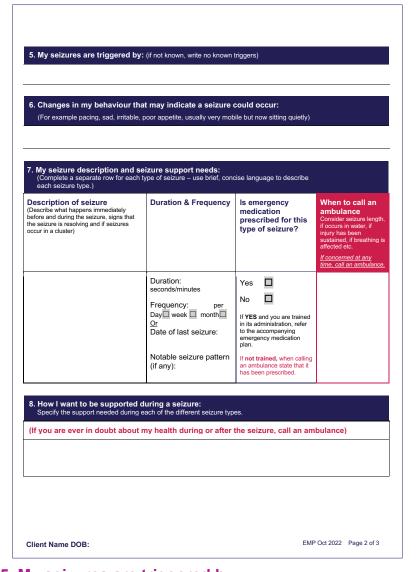
2. Other medical conditions that might assist someone helping you?

3. Other important information that might assist someone helping you?

4. Has emergency medication been prescribed?

- Emergency medication (eg. buccal/ intranasal midazolam or rectal valium) can be prescribed for prolonged seizures or clusters
- The Emergency Medication
 Management Plan describes when
 and how these medications are
 administered. It must be completed by
 the doctor and either be attached or its
 location noted in the EMP
- You can access these electronic templates via www.epinet.org.au
- Only people who are specifically trained to administer the emergency medication to the person can do so
- You can locate your local Epilepsy organization to arrange training by telephoning 1300 852 853





5. My seizures are triggered by:

- A trigger is a situation or event that can make a seizure more likely to occur
- Not everyone will have known triggers
- Examples of common triggers include drinking too much alcohol, being hot or not well, lack of sleep
- · Write 'not known' if this is applicable

6. Behaviours

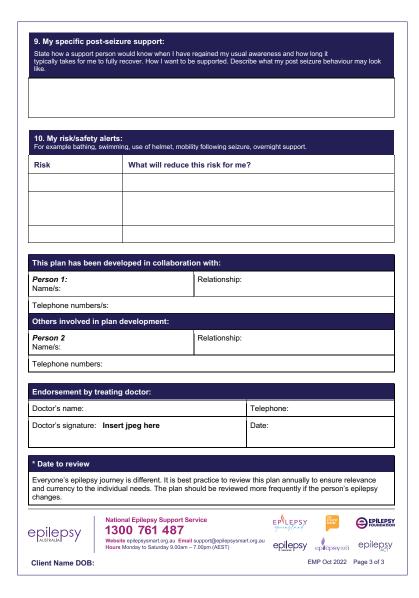
- Some people get a 'sense' that they are leading up to seizure activity. For other people, their behaviour or mood may change.
 Many people have no such indication
- A change in behaviour may occur for hours, days or weeks prior to a seizure
- Examples of changed behaviour may include feeling sad, irritability or poor appetite
- · Write 'not known' if this is applicable

7. Seizures

- Determine how many different types of seizures the person has
- Select the EMP that has the corresponding number of rows so that each seizure type can be contained in a separate row
- Go to www.epinet.org.au and download the appropriate EMP – there are between 1 and 5 rows to choose from
- In the description column describe what the seizure looks like before, during and afterwards
- Don't just name the seizure, for example 'absence' as this type of language is not necessarily understood by everyone who reads the EMP
- Always discuss with the support team and agree on common descriptions
- State the typical duration of the seizure in the next column
- The frequency should be expressed in terms of days, months or years. When the last seizure has occurred over 12 months ago, write the approximate date when the last seizure did occur
- If Emergency Medication is prescribed for a particular seizure type, click the box 'yes', otherwise click 'no'
- When the above box is ticked 'yes', people who are trained specifically to administer this medication for that seizure type should refer to the Emergency Medication Management Plan. For staff who are not trained to administer this medication, write clear concise instructions as to when an ambulance should be called
- When the above box is ticked 'no', write clear concise instructions for when an ambulance should be called. If no ambulance needs to be called for a certain type of seizure, for example absence seizures, then state 'Not applicable'

8. Support during a seizure

 Give clear, step-by-step instructions about any specific support requirements



9. Post seizure support

- As recovery from seizures varies greatly, state clearly what needs to be done to assist the person
- State how long they should be supervised after a seizure
- Describe how the support person would know when the person has regained their usual awareness and how long this typically takes
- For some people, additional overnight support may include use of a low bed, firmer pillow, or staff monitoring to mention a few strategies
- A thorough assessment should be completed in consultation with the treating doctor to evaluate what, if any additional overnight supports may be needed

10. Risk/Safety alerts

- Everyone, not just those with epilepsy face risks in the home and in the community
- Identify risks that the person may face, for example bathing, swimming, use of a helmet, mobility or eating after a seizure
- After identifying the risk, state what the support person needs to do to reduce the likelihood of the danger

Doctor

- The treating doctor should sign the EMP
- The EMP should be updated yearly

Plan co-ordination

Nominate a plan co-ordinator who can take responsibility for the maintenance and review of the plan. Individuals and families can contact their local Epilepsy organization on 1300 852 853 for help in developing the EMP.



National Epilepsy Support Service 1300 761 487

Website epilepsysmart.org.au Email support@epilepsysmart.org.au Hours Monday to Saturday 9.00am – 7.00pm (AEST)











