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SUPPORTING THE WA COMMUNITY SINCE 1963

Epilepsy Management Plan

Multiple Seizure Types

General Information:

Epilepsy Management Plan for (Full Name): .....

Date of Birth: .....

Epilepsy Diagnosis (if known): .....

.....

Emergency Contact 1 (Name and Contact Number): .....

Emergency Contact 2 (Name and Contact Number): .....

PASTE YOUR PHOTO HERE

Has emergency medication been prescribed? Yes ☐ No ☐

If yes, please ensure that a separate emergency medication management plan has been attached and is followed.

Emergency Medication Location: .....

Known Seizure Triggers e.g. heat, tiredness, dehydration, stress
(Please refer to the Epilepsy WA Trigger Factsheet for further information: www.epilepsywa.asn.au/triggers)

Changes that may occur before I have a seizure e.g. irritability, withdrawn, feeling of déjà vu, feeling nauseous.

Seizure Description:

Description of seizure (to include details of how the person looks during a seizure).	**How long does this seizure usually last?**	**How often do I experience seizures** e.g. number daily, weekly, monthly?	**Is emergency medication prescribed for this seizure type?** Please mark YES or NO with an X.	**If emergency medications are prescribed, refer to the Emergency Medication Management Plan.**
			Yes ☐ or No ☐	**Call an ambulance on 000 when:** (This field is mandatory)

If you are ever in doubt about my safety during or after a seizure, call an ambulance on 000.

NAME: D.O.B:

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Seizure Description: (continued)

Description of seizure (to include details of how the person looks during a seizure).	**How long does this seizure usually last?**	**How often do I experience seizures** e.g. number daily, weekly, monthly?	**Is emergency medication prescribed for this seizure type?** Please mark YES or NO with an X.	**If emergency medications are prescribed, refer to the Emergency Medication Management Plan.**
			Yes ☐ or No ☐	**Call an ambulance on 000 when:** (This field is mandatory)
			Yes ☐ or No ☐	**Call an ambulance on 000 when:** (This field is mandatory)

Procedure to support a person during seizure activity:

How to support me after a seizure:

Outline some tips of how a person knows I have returned to full awareness. Outline how long it has taken me to recover from seizure activity in the past. Include suggestions of strategies that may support me. What behaviours should someone look out for?

Steps to be taken to reduce risk of harm:

For example swimming or bathing precautions, use of head protection, mobility considerations, seizure alert devices. Please refer to the Epilepsy WA Risk Reduction Factsheet for further information www.epilepsywa.asn.au/risk

List the risk:	**Risk reduction measures to be taken:**

If you are ever in doubt about my safety during or after a seizure, call an ambulance on 000.

NAME: D.O.B:

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Do I need additional support and supervision e.g. while on an excursion?

Yes ☐ or No ☐ Please outline:

This plan has been developed by:

Person 1 - **Name:**	**Relationship:** .....
Person 1 - **Contact Number #1:**	**Person 1** - **Contact Number #2**: .....
Person 2 - **Name:**	**Relationship**: .....
Person 2 - **Contact Number #1**:	**Person 2** - **Contact Number #2**: .....

Details and signature of doctor:

Please circle; **Neurologist, Paediatrician, GP, Other**. If other, please specify: .....

Doctor's Name: (Block Capitals):	Contact Number: .....
Doctor's Signature:	Date Signed: .....

Disclaimer: In keeping with best practice, it is recommended that an Epilepsy Management Plan is completed and reviewed on an annual basis by a treating doctor. In some situations, an Epilepsy Management Plan may need to be reviewed and altered more frequently by a treating doctor if seizure presentations change or if seizures become more frequent. Epilepsy WA recommends that anyone supporting/ caring for someone with epilepsy is knowledgeable in seizure first aid principles and is trained in basic life support.

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Further Information available from Epilepsy WA, visit: **www.epilepsywa.asn.au**

Information Line: **1300 660 880**

If you are ever in doubt about my safety during or after a seizure, call an ambulance on 000.

NAME: D.O.B:

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Seizure First Aid Strategies

Tonic Clonic Seizure

Is a convulsive seizure with loss of consciousness and muscle stiffening, followed by jerking movements:

- **Note the time** the seizure started and time until it ends
- **Protect the head**, If available use a pillow or cushion
- **Remove any hard objects** that could cause injury
- **Do not attempt to restrain the person**, stop the jerking or put anything in their mouth
- As soon as possible, **roll the person onto their side.** You may need to wait until the seizure movements have ceased (see diagrams above). Continue to monitor breathing
- **Talk to the person** to make sure they have regained full consciousness
- **Stay with and reassure the person** until they have recovered

Seizure With Impaired Awareness

Is a non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behaviour, care should be taken as this can be mistaken for alcohol or drug intoxication:

- **Note the time** the seizure started and time until it ends
- **Avoid restraining the person** and **guide** safely around objects
- **Talk to the person** to make sure they have regained full consciousness
- **Stay with and reassure the person** until they have recovered

Additional Considerations

When providing emergency response support to a person in a wheelchair, also:

- **Protect the person** from falling from the chair, secure seat belt where available and able
- Make sure the **wheelchair is secure**
- **Support head** if there is no moulded head rest
- **Do not try to remove the person** from the wheelchair
- **Tilt the persons head** into a position that keeps the airway clear

Call 000 for an Ambulance if...

- > you do not know the person
- > there is NO Epilepsy Management Plan
- > this is the person's first seizure
- > the seizure lasts for 5 minutes
- > the seizure stops but the person does not regain consciousness within 5 minutes
- > another seizure begins
- > a serious injury has occurred
- > the seizure occurred in water
- > the person was eating or drinking when the seizure occurred
- > you believe the person is pregnant or has diabetes
- > the person has food, fluid or vomit in their mouth
- > you are at all concerned

Emergency Services 000 - Epilepsy Infoline 1300 660 880 - www.epilepsywa.asn.au

Disclaimer: This information contained in this fact sheet is made available as a guide only, and on the understanding that Epilepsy WA shall have no liability arising by reason of any person using or relying on the information, whether caused by reason of error, negligent act or omission or misrepresentation in the information or otherwise.

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