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Attach this document to your Epilepsy/Seizure Management Plan. This Emergency Plan should be completed and signed by the prescribing doctor in consultation with the person and/or their family or carer. It is recommended that this plan be reviewed and signed by the person's doctor annually.

## Emergency Medication Management Plan



# Clonazepam (Rivotril)

(only to be administered by a trained person)

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Weight: \_\_\_\_\_

Emergency medication: Clonazepam (Rivotril) drops (2.5 mg/ml - 1 drop = 0.1 mg). Drops should be given by spoon.

### 1. FIRST DOSE Clonazepam (Rivotril) (drops 2.5 mg/ml)

First dose = \_\_\_\_\_ drops which is \_\_\_\_\_ mg (drops should be given by spoon)

#### For single seizures:

As soon as a \_\_\_\_\_ (seizure type) begins

If the \_\_\_\_\_ (seizure type) continues longer than \_\_\_\_\_ mins

Special instructions: \_\_\_\_\_

#### For clusters of seizures:

When \_\_\_\_\_ (number) \_\_\_\_\_ (seizure type) occurs within \_\_\_\_\_ mins \_\_\_\_\_ hrs

Other (please specify): \_\_\_\_\_

Special instructions: \_\_\_\_\_

### 2. SECOND DOSE Clonazepam (Rivotril) (drops 2.5 mg/ml)

Second dose = \_\_\_\_\_ drops which is \_\_\_\_\_ mg (drops should be given by spoon)

Not prescribed

OR

If the \_\_\_\_\_ (seizure type) continues for another \_\_\_\_\_ mins following the first dose

When another \_\_\_\_\_ (number) \_\_\_\_\_ (seizure type) occurs within \_\_\_\_\_ mins \_\_\_\_\_ hrs following the first dose

Other (please specify): \_\_\_\_\_

Special instructions: \_\_\_\_\_

### 3. Maximum number of Clonazepam (Rivotril) doses to be given in a 24-hour period

Maximum number: \_\_\_\_\_

Client Name DOB: \_\_\_\_\_

#### 4. Dial 000 to call the ambulance:

Prior to administering Clonazepam

If the seizure has not stopped                      minutes after giving the Clonazepam

If injured or has difficulty with breathing

Other (please specify):

#### 5. Describe what to do after Clonazepam (Rivotril) has been administered:

- Continue to provide seizure first aid, keeping me safe from injury. Continue to time and monitor the seizure.
- If possible, keep me on my side to protect my airway. If this is not possible, turn my head to the side.
- If in a wheelchair or car seat, leave me seated and continue to support my head and protect my airway.
- Document time Clonazepam was given, when ambulance called and when seizure activity stops.
- Stay with me and monitor:
  - For shallow or slow breathing, change of facial colour
  - Other:

#### 6. Prescribing doctor or specialist

Doctor's name:	Telephone:
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Signature:

Date:

#### 7. Storage and family special instructions

**Recommended CLONAZEPAM (RIVOTRIL) storage information:**

- **Keep out of reach of children**
- **Store at room temperature (below 25°C)**
- **Regularly check the expiry date.**

*Any special instructions e.g. storage of medication, when on outings etc.  
or people to contact if emergency medication is given.*

Emergency contact name:	
Relationship:	Telephone:

Signature:

Date:

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**Client Name DOB:**