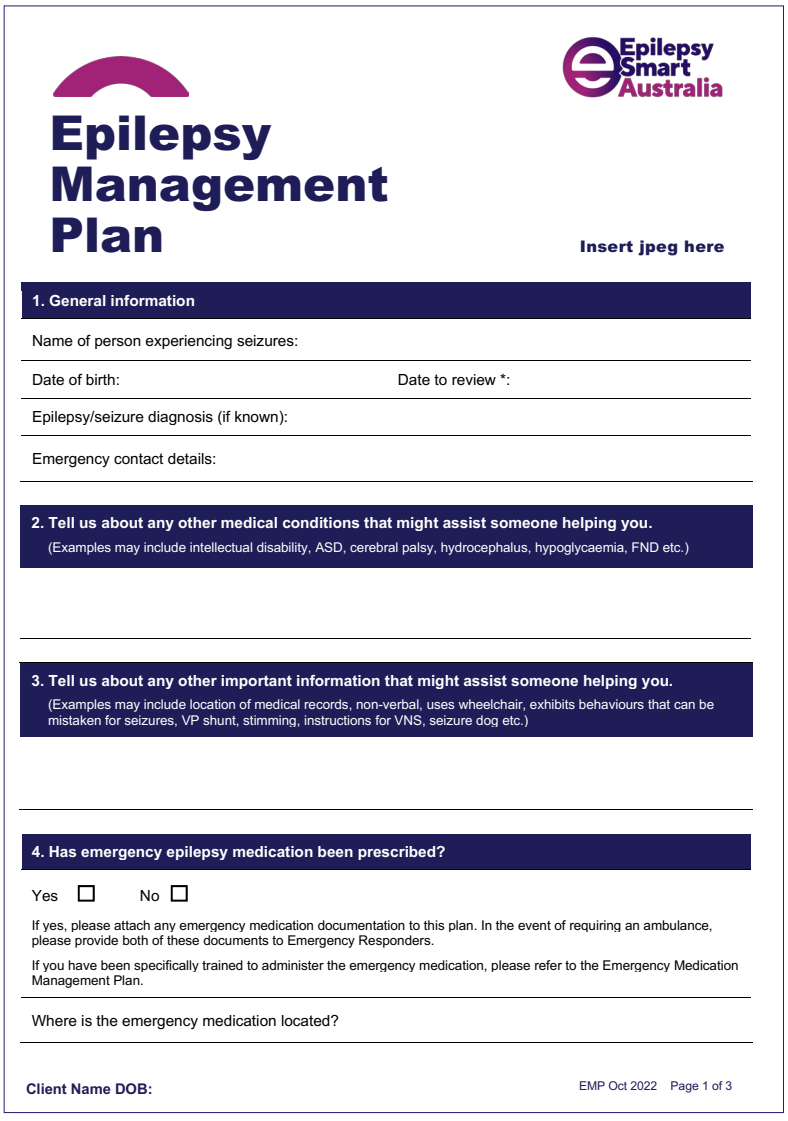
Epilepsy Management Plan Guide



Epilepsy Smart Australia

Epilepsy Management Plan

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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:

2. Tell us about any other medical conditions that might assist someone helping you.
(Examples may include intellectual disability, ASD, cerebral palsy, hydrocephalus, hypoglycaemia, FND etc.)

3. Tell us about any other important information that might assist someone helping you.
(Examples may include location of medical records, non-verbal, uses wheelchair, exhibits behaviours that can be mistaken for seizures, VP shunt, stimming, instructions for VNS, seizure dog etc.)

4. Has emergency epilepsy medication been prescribed?

Yes ☐ No ☐

If yes, please attach any emergency medication documentation to this plan. In the event of requiring an ambulance, please provide both of these documents to Emergency Responders.

If you have been specifically trained to administer the emergency medication, please refer to the Emergency Medication Management Plan.

Where is the emergency medication located?

Client Name DOB:

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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 organisation can write in where their organisation 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?

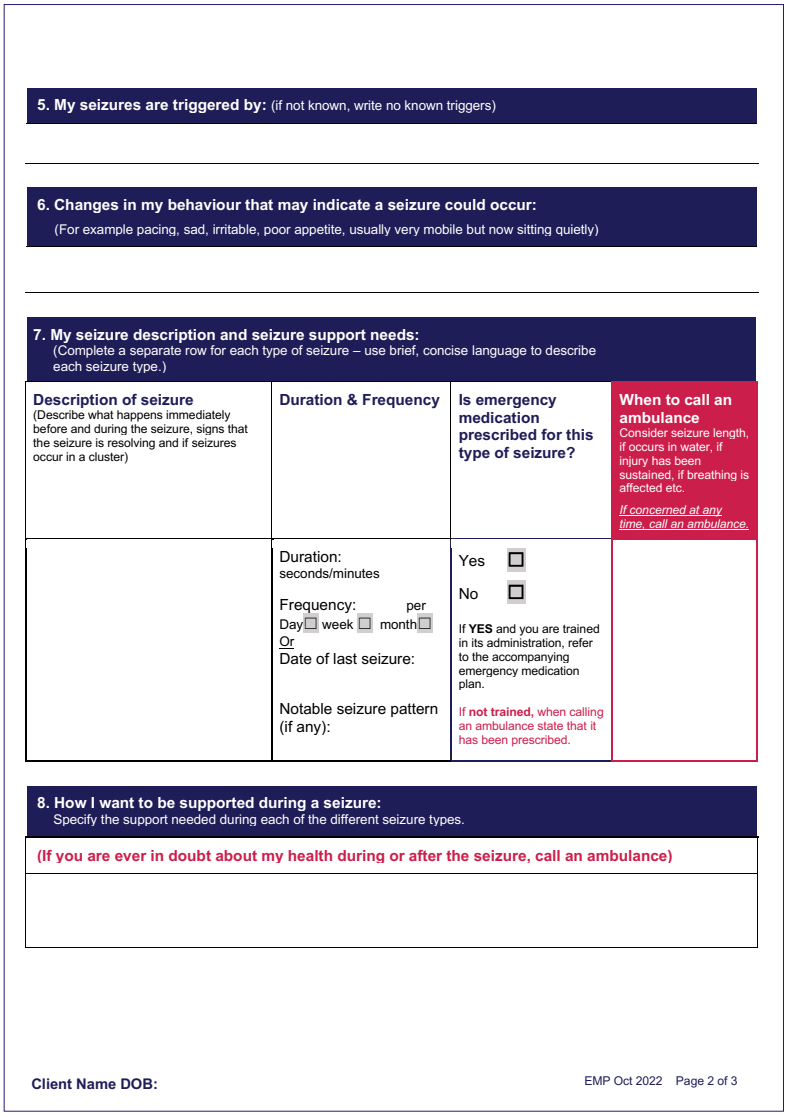
3. Other important information that might assist someone helping you?

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.epilepsysmart.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 organisation to arrange training by telephoning 1300 761 487

Epilepsy Smart Australia

September 2024



5. My seizures are triggered by: (if not known, write no known triggers)

6. Changes in my behaviour that may indicate a seizure could occur:
(For example pacing, sad, irritable, poor appetite, usually very mobile but now sitting quietly)

7. My seizure description and seizure support needs:
(Complete a separate row for each type of seizure – use brief, concise language to describe each seizure type.)

Description of seizure (Describe what happens immediately before and during the seizure, signs that the seizure is resolving and if seizures occur in a cluster)	**Duration & Frequency**	**Is emergency medication prescribed for this type of seizure?**	**When to call an ambulance** Consider seizure length, if occurs in water, if injury has been sustained, if breathing is affected etc. *If concerned at any time, call an ambulance.*
	Duration: seconds/minutes Frequency: per Day☐ week ☐ month☐ Or Date of last seizure: Notable seizure pattern (if any):	Yes ☐ No ☐ If **YES** and you are trained in its administration, refer to the accompanying emergency medication plan. If **not trained,** when calling an ambulance state that it has been prescribed.	

8. How I want to be supported during a seizure:
Specify the support needed during each of the different seizure types.

(If you are ever in doubt about my health during or after the seizure, call an ambulance)

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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

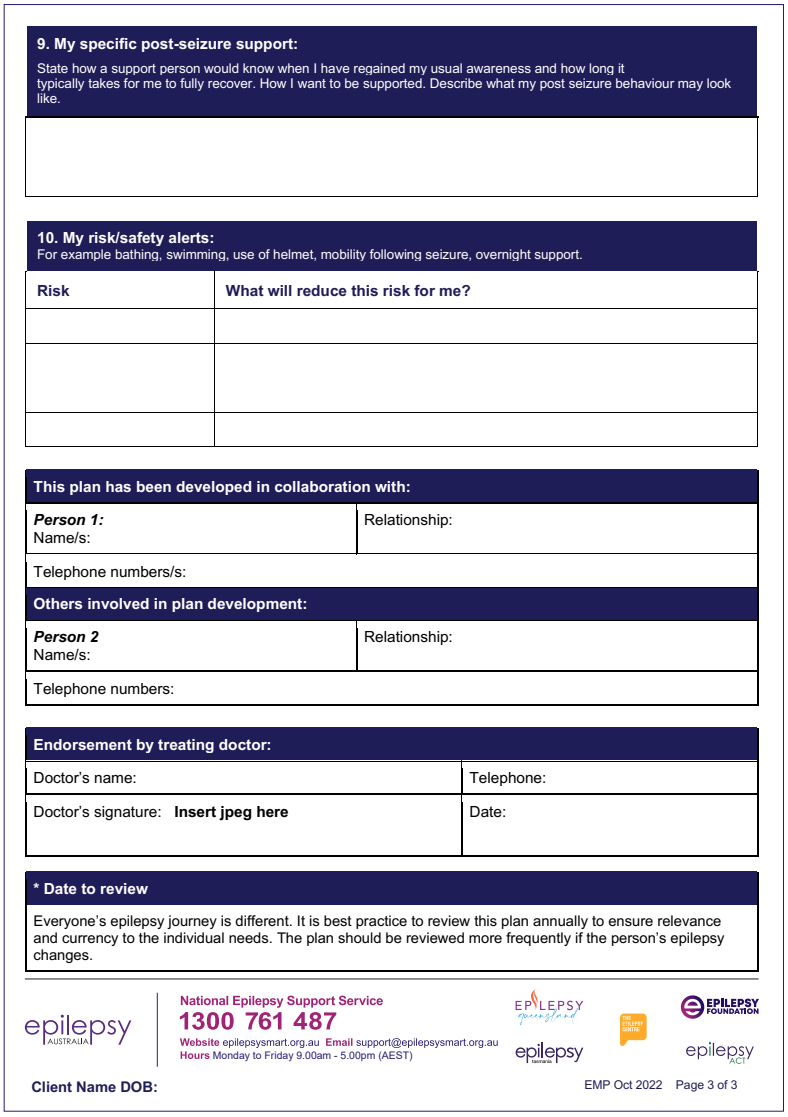
- Some people get a ‘sense’ that they are leading up to seizure activity. For other people, their behaviour or mood may change. Many people have no such indication
- A change in behaviour may occur for hours, days or weeks prior to a seizure
- Examples of changed behaviour may include feeling sad, irritability 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.epilepsysmart.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. My specific post-seizure support:
State how a support person would know when I have regained my usual awareness and how long it typically takes for me to fully recover. How I want to be supported. Describe what my post seizure behaviour may look like.

10. My risk/safety alerts:
For example bathing, swimming, use of helmet, mobility following seizure, overnight support.

Risk	What will reduce this risk for me?

This plan has been developed in collaboration with:

Person 1: Name/s:	Relationship:
Telephone numbers/s:	

Others involved in plan development:

Person 2 Name/s:	Relationship:
Telephone numbers:	

Endorsement by treating doctor:

Doctor's name:	Telephone:
Doctor's signature: **Insert jpeg here**	Date:

*** Date to review**

Everyone's epilepsy journey is different. It is best practice to review this plan annually to ensure relevance and currency to the individual needs. The plan should be reviewed more frequently if the person's epilepsy changes.

epilepsy AUSTRALIA | National Epilepsy Support Service 1300 761 487 Website epilepsysmart.org.au Email support@epilepsysmart.org.au Hours Monday to Friday 9.00am - 5.00pm (AEST)

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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 organisation on 1300 761 487 for help in developing the EMP.

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