Seizure Management Plan Guide

People have seizures at unpredictable times. Because seizures vary so much between individuals, it is crucial that everyone who supports the person understands the essential information relevant to that person's unique seizure circumstances.

This information can be usefully contained in a Seizure Management Plan that is current, accurate and easy to understand, and developed by the person or people who have the most knowledge and experience of that person's seizures. Encouraging the person to be part of this process is very important. A team approach to developing a plan is essential.

This plan is to be used when the person experiences seizures but has not been diagnosed with epilepsy.

1. Date of Plan
Use the date the plan was completed.

2. Personal details and current weight
Ensure the person's correct full name, date of birth, address, telephone number and current weight are recorded, as this is crucial if the person is transferred to hospital with existing medical records. If they require emergency medication the dose is calculated based on their current weight.

3. Emergency contacts
It is advisable to have more than one emergency contact as people are not always available in an emergency situation.

4. Emergency epilepsy medication
If emergency medication has been prescribed for prolonged seizures or clusters, an Emergency Medication Management Plan should be completed and must be attached to the Seizure Management Plan. Emergency Medication Management Plans are available and training can be provided for people required to administer the emergency medication.

1 in 25 people in Australia live with epilepsy

Epilepsy Smart Australia

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5. Seizure description

A management plan is designed to help people recognise when seizures are occurring and to give clear directions about appropriate first aid.
If possible, name the type of seizure/s the person experiences e.g. febrile convulsions, tonic clonic, focal discognitive (formerly known as complex partial), and only include the name if absolutely certain this information is correct. Include a description of all seizure types if the person experiences multiple seizures, with a detailed description of what happens before, during and after each seizure.
Consider the sequence of events that occur during the seizure and describe all aspects from start to end, eg:

- what is the earliest predictable sign that the seizure has begun?
- when do the seizures usually occur, how long do they last and how frequently do they occur?
- do they occur during the day or night, or occur at any time?
- is the person unconscious, unaware, dazed or confused?
- do they fall at the start of the seizure, wander about or freeze and stare?
- is there a history of prolonged or clusters of seizures or multiple admissions to hospital?
- how can you tell the seizure has stopped?
- how does the person normally recover after a seizure?

Having information about the person's normal recovery after a seizure helps to provide appropriate support for the person and also helps to identify abnormal circumstances that might require an emergency intervention.

6. Seizure triggers

It is useful to know if there are any recognised triggers that may provoke seizures for this person (do not include information about this if you are uncertain).

7. Other medical conditions

The person may have other significant medical conditions such as diabetes or asthma, which must be included, especially if family or carers are unavailable when an ambulance attends or the person is taken to hospital.

8. Seizure first aid procedure specific to the person

Give clear, step-by-step instructions about what to do to assist the person when they are having a seizure. If the person has more than one type of seizure you need to give clear instructions for each seizure type. See **First Aid** [1] Delegate roles in advance e.g. who will time the seizure and stay with the person and who will ring an ambulance if necessary.

9. When to call an ambulance

Clearly document when an ambulance is to be called. If uncertain, consult with the person's doctor before completing this section of the plan.
An ambulance may be required e.g. if the seizure lasts a certain time (often 5 minutes), if the person has not regained consciousness after a specified period of time, the seizure occurred in water, or there are injuries as a consequence
of seizures.

1. First Aid

There are some general first aid rules for people experiencing seizures regardless of the type of seizure the person is having, and some specific rules depending on the type of seizure. Always time the seizure from the start to the end and stay with the person until they have fully recovered. Protect the person from injury but don't attempt to remove or restrain the person unless they are in immediate danger.

If the person is unconscious during their seizure, protecting their airway is of paramount importance. The easiest way to achieve this is to put the person on their side and to extend their chin upwards. If the person is in a wheelchair, ensure their head is supported and their airway is clear, during and after a seizure. Always follow a person's Seizure Management Plan (if one exists). Refer to our First Aid Fact Sheet and First Aid poster for more detailed first aid information.

10. Post-seizure monitoring

As recovery from seizures varies greatly, state clearly what needs to be done to assist the person during the recovery phase and how long they should be supervised after the seizure.

Some people may need to sleep; others may have a headache or be incontinent and need an opportunity to shower and change clothes. Some may be very confused for quite a long time after their seizure has ended. It is advisable to monitor someone until they have fully recovered from the seizure; this means ensuring they know who they are, where they are and understand what has happened.

11. Other specific instructions

This is where you can include important information about how to provide support in various circumstances, such as instructions for the workplace or recreational activities including sports, excursions or camps.

12. Specialist or other doctor

Name and telephone number of the person's treating doctor is to be included in the plan to allow emergency services and hospital staff to consult when necessary. The plan should be reviewed and signed by the person's doctor annually.

13. People involved in developing a confidential plan

Document all contributors to enable input when the plan is due for review. Nominate a plan coordinator who can take responsibility for the maintenance and review of the plan.

14. Plan location

Maintaining privacy and confidentiality by protecting the information in the plan is important. Ensure the plan is kept in a secure location. A record of where copies of the plan are located should be maintained and kept current. A copy of the current plan should be with the person, if hospitalisation occurs.

Seizure record

Keeping an accurate record of seizure activity is important. This helps to identify any seizure patterns and changes in response to treatment. See our seizure record form.

The Seizure Management Plan is available in print and electronic format, and under no circumstances should the format be modified in any way.