

# Guidelines to help you write the Epilepsy Management Plan



## 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. 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](http://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



## 3. 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



## 4. 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



## 5. 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](http://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

**EPILEPSY:  
KNOW ME, SUPPORT ME.**



Insert jpeg image here

### Epilepsy Management Plan

Name of person living with epilepsy: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Date plan written: \_\_\_\_\_ Date to review: \_\_\_\_\_

#### 1. General information

Medication records located: \_\_\_\_\_

Seizure records located: \_\_\_\_\_

General support needs document located: \_\_\_\_\_

Epilepsy diagnosis (if known): \_\_\_\_\_


2. Has emergency epilepsy medication been prescribed? Yes  No   
If yes, the medication authority or emergency medication plan must be attached and followed\*, if you are specifically trained.

These documents are located: \_\_\_\_\_

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

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

5. 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 <small>(Make sure you describe what the person looks like before, during and after and if they typically occur in a cluster)</small>	Typical duration of seizure <small>(seconds/minutes)</small>	Usual frequency of seizure <small>(state in terms of seizures per month, per year or per day)</small>	Is emergency medication prescribed for this type of seizure? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>When to call an ambulance</b> <small>If you are trained in emergency medication administration* refer to the emergency medication plan and the medication authority</small>
				 <b>If you are untrained in emergency medication, call ambulance when:</b>  _____  _____  _____

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- 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'



### 6. Support during a seizure

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



### 7. 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

#### 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.

**6. 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)*

**7. 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.

**8. My risk/safety alerts:**  
For example bathing, swimming, use of helmet, mobility following seizure.

Risk	What will reduce this risk for me?

**9. Do I need additional overnight support?** Yes  No   
If 'yes' describe:

**This plan has been co-ordinated by:**

Name: \_\_\_\_\_ Organisation (if any): \_\_\_\_\_

Telephone numbers: \_\_\_\_\_

Association with person: (For example treating doctor, parent, key worker in group home, case manager) \_\_\_\_\_

Client/parent/guardian signature (if under age): \_\_\_\_\_

**Endorsement by treating doctor:**

Your doctor's name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Doctor's signature: \_\_\_\_\_ Insert jpeg here \_\_\_\_\_ Date: \_\_\_\_\_

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### 8. Risk

- 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



### 9. Overnight support

- 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



### Doctor

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