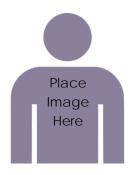


Epilepsy: Know Me, Support Me Epilepsy Management Plan



Name of person living with epilepsy:					
Date of birth:		Date plan Written:		Date to review:	
General Information					
	Medical Information Loc	cated:			
	Epilepsy Management I	Plan Located:			
	Medical Conditions (is epilepsy the primary or a secondary diagnosis):				
	Medications:				
	s emergency epilepsy m ne medication authority or emerg			'es□ No □ nd followed, if you are specifically trained	
0	Emergency Medication Management Plan Loc				
*	Current Weight:				
3. My seizures are triggered by: For example, heat, light, being unwell, fatigue					
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					



E: education@epilepsytasmania.org.au







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 Make sure you describe what the person looks like before, during and after and if they typically occur in a cluster	Typical duration of seizure seconds/minutes	Usual frequency of seizure in terms of seizures per month, per year, or per day	Is emergency medication prescribed for this type of seizure?	When to call an ambulance If you are trained in emergency medication administration refer to the EMMP and the medication authority
			Yes □ No □	If you are untrained in emergency medication call ambulance when:

Description of seizure Make sure you describe what the person looks like before, during and after and if they typically occur in a cluster	Typical duration of seizure seconds/minutes	Usual frequency of seizure in terms of seizures per month, per year, or per day	Is emergency medication prescribed for this type of seizure?	When to call an ambulance If you are trained in emergency medication administration refer to the EMMP and the medication authority
			Yes □ No □	If you are untrained in emergency medication call ambulance when:

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

	Seizure Type	Support Needed
A		

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.



Seizure Type	Post- Seizure Behaviour	Support Needed



8. My risk/safety alerts:

For example, bathing swimming, use of helmet, mobility following seizure.					
		Risk	What will reduce risk for me		
	W				
	V				
		ed additional support? Ye e. For example wheelchair, supervis		rbal	
	7				
Thi	s nlan	has been co-ordinated by	1.		
1111			/ ·		
	Name) :		Organisation:	
	Telep	hone numbers:			
	Assoc	iation with person:			
	For exa	mple treating doctor, parent, case r	manager		
	Individual Parenta	dual's Signature: /Guardian if under 18		Date:	
Primary contact:					
	Name			Relationship:	
	Telep	hone:			
Endorsement by treating doctor:					
•					
7	Telepl				
6	reiep	none.			

Date

PO Box 1834, Launceston TAS 7250 462 Wellington St, South Launceston TAS 7250 1-7 Liverpool St, Hobart TAS 7000 **P:** 1300 852 853 or 03 63446881

E: education@epilepsytasmania.org.au



Doctor's Signature: