

Seizure care plan

for education, child/care and community support services*

CONFIDENTIAL

To be completed by the DOCTOR and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT.
This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client _____ Date of birth _____
Family name (please print) First name (please print)

MedicAlert Number (if relevant) _____ Date for review _____

Description of this person's usual seizure activity

Warning signs (eg sensations)

Known triggers (eg illness, elevated temperature, flashing lights)

Seizure Types	Further information about this person's seizures
<p>Tick all those that apply.</p> <p><input type="checkbox"/> Tonic clonic</p> <p><input type="checkbox"/> Not responsive</p> <p><input type="checkbox"/> Might fall down/cry out</p> <p><input type="checkbox"/> Body becomes stiff (tonic)</p> <p><input type="checkbox"/> Jerking of arms and legs occurs (clonic)</p> <p><input type="checkbox"/> Excessive saliva</p> <p><input type="checkbox"/> May be red or blue in the face</p> <p><input type="checkbox"/> May lose control of bladder and/or bowel</p> <p><input type="checkbox"/> Tongue may be bitten</p> <p><input type="checkbox"/> Lasts 1-3 minutes, stops suddenly or gradually</p> <p><input type="checkbox"/> Confusion and deep sleep (maybe hours) when in recovery phase. May have a headache.</p>	<p>Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management.</p> <p>Tonic clonic</p>
<p><input type="checkbox"/> Absence</p> <p><input type="checkbox"/> Vacant stare or eyes may blink/roll up</p> <p><input type="checkbox"/> Lasts 5-10 seconds</p> <p><input type="checkbox"/> Impaired awareness (may be seated)</p> <p><input type="checkbox"/> Instant recovery, no memory of the event.</p>	<p>Absence</p>
<p><input type="checkbox"/> Simple partial</p> <p><input type="checkbox"/> Staring, may blink rapidly</p> <p><input type="checkbox"/> Only part of the brain is involved (partial)</p> <p><input type="checkbox"/> Person remains conscious (simple), able to hear, may or may not be able to speak</p> <p><input type="checkbox"/> Jerking of parts of the body may occur</p> <p><input type="checkbox"/> Rapid recovery</p> <p><input type="checkbox"/> Person may experience sensations that aren't real:</p> <ul style="list-style-type: none"> <input type="checkbox"/> sounds <input type="checkbox"/> flashing lights <input type="checkbox"/> strange taste or smell <input type="checkbox"/> 'funny tummy' <input type="checkbox"/> or may just have a headache <p>These are sometimes called an aura and may lead to other types of seizures.</p>	<p>Simple partial</p>

Seizure care plan (cont)

Seizure Types	Further information about this person's seizures
Tick all those that apply.	Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management.
<input type="checkbox"/> Complex partial <input type="checkbox"/> Only part of the brain is involved (partial) <input type="checkbox"/> Person staring and unaware. Eyes may jerk but may talk, remain sitting or walk around <input type="checkbox"/> Toward the end of the seizure, person may perform unusual activities, eg chewing movement, fiddling with clothes (these are called automatisms) <input type="checkbox"/> Confused and drowsy after seizure settles, may sleep.	Complex partial
<input type="checkbox"/> Myoclonic <input type="checkbox"/> Sudden simple jerk <input type="checkbox"/> May recur many times.	Myoclonic

Recovery management

Signs that the seizure is starting to settle

Duration *(How long does recovery take if the seizure isn't long enough to require midazolam?)*

Person's reaction

Any other recommendations to support the person during and after a seizure
