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 Family name (please print)	Pirst name (please print)	
MedicAlert Number (if relevant)	Date for review	
Description of this person's usual seizure Warning signs (eg sensations)	activity	
Known triggers (eg illness, elevated temperature, flas	thing lights)	
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.	
Tonic clonic	Tonic clonic	
Not responsive Might fall down/cry out Body becomes stiff (tonic) Jerking of arms and legs occurs (clonic) Excessive saliva May be red or blue in the face May lose control of bladder and/or bowel Tongue may be bitten Lasts 1-3 minutes, stops suddenly or gradually Confusion and deep sleep (maybe hours) when in recovery phase. May have a headache.		
Absence	Absence	
Vacant stare or eyes may blink/roll up Lasts 5-10 seconds Impaired awareness (may be seated) Instant recovery, no memory of the event.		
Simple partial	Simple partial	
Staring, may blink rapidly Only part of the brain is involved (partial) Person remains conscious (simple), able to hear, may or may not be able to speak Jerking of parts of the body may occur Rapid recovery Person may experience sensations that aren't real: • sounds • flashing lights • strange taste or smell • 'funny tummy' • or may just have a headache		
These are sometimes called an aura and may lead to other types of seizures.		

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.			
Complex partial	Complex partial			
 Only part of the brain is involved (partial) Person staring and unaware. Eyes may jerk but may talk, remain sitting or walk around Toward the end of the seizure, person may perform unusual activities, eg chewing movement, fiddling with clothes (these are called automatisms) Confused and drowsy after seizure settles, may sleep. 				
☐ Myoclonic	Myoclonic			
Sudden simple jerk May recur many times.				
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				
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Add	ditional information attached to this care p	olan			
	Medication authority				
	Seizure management flow chart				
	Observation/seizure log for completion by staff (please	specify	how frequently this is requested)		
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	General information about this person's condition				
	Other (please specify)				
	8. 10				
*Th	is plan has been developed for the following servi	ces/sel	ttings:		
	School/education Child/care		Outings/camps/holidays/aquatics		
	Respite/accommodation	Ħ	Work Home		
	Transport	metablishinkelih	Other (please specify)		
AUT	HORISATION AND RELEASE				
Med	ical practitioner/epilepsy specialist		Professional role		
Addı	ress				
			Telephone		
Sign	ature		Date		
I ap	ve read, understood and agreed with this plan and any at prove the release of this information to supervising staff				
	ent/guardian dult student/client		Signature Date		
0, 0,	Family name (please print) First name (please	se print)	Signature Date		

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