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| **MY EPILEPSY CARE PLAN**  **Page 1** | | | **PRUH EPILEPSY SERVICE** |
| 1. **ABOUT MYSELF** | | | |
| **1.1** | **MY NAME:** |  | |
| **1.2** | **MY DATE OF BIRTH:** |  | |
| **1.3** | **MY SCHOOL:** |  | |
| **1.4** | **MY ADDRESS:** |  | |
| **1.5** | **MY EMERGENCY CONTACT(S):** |  | |
| 1. **ABOUT MY HEALTHCARE PROFESSIONALS** | | | |
| **2.1** | **MY Epilepsy NursE:** | Ms Teresa McIntyre, Roald Dahl Paediatric Epilepsy Nurse Specialist  Princess Royal University Hospital, Orpington BR6 8ND  **Tel: 01689 864357 / Email: teresa.mcintyre1@nhs.net** | |
| **2.2** | **MY EPILEPSY DOCTOR:** | Dr Dennis Grigoratos, Consultant Paediatrician  Princess Royal University Hospital, Orpington BR6 8ND | |
| **2.3** | **MY GP:** |  | |
| 1. **ABOUT MY EPILEPSY** | | | |
| **3.1** | **MY TYPE OF EPILEPSY:** |  | |
| **3.2** | **MY SEIZURES USUALLY LOOK LIKE / PRESENT AS:** |  | |
| **3.3** | **MY REGULAR MEDICATIONS:**  ***(if applicable)*** |  | |
| **3.4** | **MY EMERGENCY MEDICATIONS:**  ***(if applicable)*** |  | |

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| **MY EPILEPSY CARE PLAN**  **Page 2** | | | | **PRUH EPILEPSY SERVICE** | | |
| 1. **WHAT TO DO IF I HAVE A SEIZURE** | | | | | | |
| **4.1** | **WHAT TO DO**  **IF I HAVE A SEIZURE:** | | 1. **Ensure that I am in a safe environment (e.g. not exposed to traffic).** 2. **Place me on my side and support my head to prevent injury.** 3. **Note the time the seizure began.** 4. **Monitor my breathing at all times.** 5. **Do not put anything in my mouth!** 6. **If safe to do so record a video of the event.** | | | |
| **4.2** | **WHEN TO CALL AN AMBULANCE / 999:** | | 1. **If you are concerned that I am not breathing properly.** 2. **If you had to give emergency medications and my seizure has not stopped.** | | | |
| **4.3** | **WHAT TO DO IF MY SEIZURE HAS NOT STOPPED BY 5 MINUTES:** | | 1. **If I have emergency medications prescribed please give them to me as instructed (see section 3.4).** 2. **If no emergency medications are available please call an ambulance.** | | | |
| **4.4** | **WHAT TO DO ONCE MY SEIZURE HAS STOPPED:** | | 1. **Place me in the recovery position (on my side).** 2. **Stay with me and offer lots of reassurance.** 3. **Record the time and duration of the seizure (how long it lasted for).** 4. **If you are concerned I have not recovered fully call an ambulance.** 5. **If you are happy that I am fully recovered inform my EpilepsyNurse or keep a record of the seizure in my Seizure Diary depending on previous advice.** | | | |
| 1. **INFORMATION FOR HEALTH PROFESSIONALS / SCHOOL & SAFETY ADVICE** | | | | | | |
| **5.1** | **CAN MY PROLONGED SEIZURE BE TREATED AS PER APLS GUIDELINES?** | |  | | | |
| **5.2** | **COMMENTS REGARDING MY LATEST EEG / MRI** | | AS PER LAST OUTPATIENT CLINIC LETTER | | | |
| **5.3** | **INFORMATION FOR THE SCHOOL** | | **Please follow the above advice if the child has a seizure (section 4.1) as well as the stated safety advice (section 5.4). It is of great importance despite the diagnosis of epilepsy to encourage maximum participation in daily school activities. Please do not hesitate to contact our service if support and/or training are needed to facilitate this.** | | | |
| **5.4** | **SAFETY ADVICE** | | **Seizures can increase risk of accidents or injuries. Close supervision or avoidance is required for activities involving water (swimming or bathing), heights/climbing, traffic and sources of heat/power (including handling of hot drinks). For further information please see: https://www.epilepsy.org.uk/info/daily-life/safety.** | | | |
| 1. **DATE CARE PLAN WRITTEN** | | | | | | |
| **DATE:** | |  | | | **BY WHOM:** |  |
| **PLAN AGREED BY CARERS** | | **YES** | | | **Carers are advised to contact the PRUH Epilepsy Service via the details above regarding any queries about this care plan.** | |
| **FURTHER INFORMATION** | | **For further information on epilepsy visit:** [**www.epilepsysociety.org.uk**](http://www.epilepsysociety.org.uk) **or** [**https://www.epilepsy.org.uk**](https://www.epilepsy.org.uk) | | | | |