

Action plan for EPILEPSY

CHILD'S NAME: _____

DATE OF BIRTH: / / **YEAR:** **ROOM:** **DATE:** / /20

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| PHOTO | TYPE OF EPILEPSY |
| | <ul style="list-style-type: none"> o Tonic/Clonic Seizure: <i>convulsion that has jerky and stiff movements</i> o Complex Partial Seizures: <i>Non-convulsive with outward signs of confusion, unresponsiveness or inappropriate behaviour can be mistaken for alcohol or drug intoxication.</i> o Absence Seizures: <i>Non-convulsive, brief periods of loss of awareness. Can be mistaken for daydreaming.</i> |
| PARENTS/CARERS | TYPE OF SEIZURE |
| • | Signs (What is seen) |
| • | • |
| HOME PHONE: | • |
| WORK PHONE: | • |
| MOBILE PHONE: | Symptoms (What the child feels) |
| | • |
| EMERGENCY CONTACT: | • |
| | • |
| PLAN PREPARED BY | ACTION |
| DR: | |
| SIGNED: | 1. Remain calm. Time seizure. Stay with the student. |
| DATE: | 2. DRABC |
| AMBULANCE COVER | 3. Move harmful objects away. Put something flat eg towels under head and shoulders. |
| YES / NO | 4. Do not put anything in mouth. Do not restrain. |
| PARENT SIGNATURE | 5. If unconscious, roll student onto their side to assist breathing. |
| | 6. When the seizure is over the student may be confused. |
| DATE: | 7. Reassure them until they are fully aware of their surroundings. |
| If medication is to be given, separate forms for parent and doctor to be completed. | ADDITIONAL INFORMATION |
| MEDICATION FORMS | Call an Ambulance if: |
| Signed by Doctor YES / NO | • The active jerky movements of tonic/clonic seizure lasts longer than 5 minutes. |
| Signed by Parent YES / NO | • The student has not begun to recover from a complex partial seizure in 10-15 minutes |
| | • Another seizure quickly follows |
| | • The student has been injured. |
| | • You are in doubt. |
| MEDICATION SUPPLY | PERSONAL ACTION PLAN |
| Parent to supply medication | |
| Medication kept: | |
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