

EPILEPSY Management Plan

Date of Doctor's Instructions: _____ Today's Date: _____

Person's Name: _____ Gender: _____ Date of Birth: _____

EMERGENCY CONTACT PERSON(S)

- 1. Name: _____ Phone Home: _____ Mobile/Work : _____
- 2. Name: _____ Phone Home: _____ Mobile/Work : _____
- 3. Name: _____ Phone Home: _____ Mobile/Work : _____

Treating Doctor: _____ Phone _____

EPILEPSY DIAGNOSIS & DETAILS

Type of seizure/s : _____

Known Triggers : _____

Seizure Pattern: (What happens before, during and after) _____

EPILEPSY MEDICATIONS

Name	Dose	Time Given	Form of Administration
e.g. Epilim	200mg	8am	tablet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In the event of a seizure or seizures, Iauthorise the management/staff/carers to follow the emergency action plan for as presented on the back of this document.

Signed: _____ Date: _____

EPILEPSY Action Plan

The Emergency Action Plan should include step by step instructions to help management/staff/carers manage this particular individual's seizure/s. It should also indicate the specific circumstance in which an ambulance should be called.

EMERGENCY ACTION PLAN



The Epilepsy Foundation of Victoria Inc recommends regular consultation with the treating doctor to assist with details for this emergency action plan. Information must be current and changes need to be communicated to carers. For additional information refer to **"When An Ambulance Is Called In An Emergency Situation for Epilepsy."**

Date of Last Seizure	Type of Seizure/s	Did an Ambulance Attend?
New Form Required		



WHEN AN AMBULANCE IS CALLED IN AN EMERGENCY



The Epilepsy Foundation of Victoria Inc. and the Metropolitan Ambulance Service of Victoria would like to offer this information to parents, carers, educators and the wider community when **an ambulance is called in an emergency situation for epilepsy:**

All ambulance paramedics have been trained in how to administer rectal diazepam and intramuscular midazolam.

If **ambulance paramedics** are called, the following procedures apply before rectal diazepam or midazolam can be administered by ambulance staff –

1. The ambulance call-taker will ask the questions on the back of this document.
2. If the person has been prescribed rectal diazepam, the ambulance paramedics will prepare and administer it as instructed on the prescription or doctor's/specialist's letter.
3. If there is no prescription or doctor's/specialist's letter, then the ambulance paramedics will administer intramuscular midazolam as per current ambulance protocol.
4. ALL persons administered intramuscular midazolam will be transported to hospital.

NOTE: If the person has a prescription other than rectal diazepam, the instructions in the prescription or doctor's/specialist's letter will be followed by the ambulance paramedics.

If the MICA (Mobile Intensive Care Ambulance) officers attend, they are able to administer diazepam rectally or intravenously.

Parents, carers, educators and the community are all advised to be prepared for an emergency. If there is a history of status epilepticus or uncontrolled fitting, it is strongly urged that consultation occur with the treating doctor/s. He/she will advise on a rectal diazepam kit (if needed), as well as provide a letter of authorisation as to when the rectal diazepam should be administered. **Individual emergency action plans (available from the Epilepsy Foundation of Victoria) should be prepared for all people with difficult to control epilepsies.**

NOTE At present there are two rectal diazepam preparations available: one in a kit produced by the Royal Children's Hospital and the other, in a rectal suppository available through a number of major hospital pharmacies. Currently, other epilepsy medications are also in use for acute situations. Where rectal diazepam is prescribed the Epilepsy Foundation of Victoria and the Metropolitan and Rural Ambulance Services strongly encourage that a current letter of authority from the treating doctor/specialist be carried at all times. The treating doctor/specialist may advise that the parent/carer administer the prescribed dose of rectal diazepam, immediately after calling for an ambulance.

Important Additional Information

- Most seizures cease spontaneously without medical intervention, usually within 5-10 minutes
- Most prolonged seizures cease within 5 minutes of intramuscular midazolam administration.
- The advent of intramuscular kits is not new; Narcan (narcotics) and Glucagon (diabetes) are both currently used by many ambulance units.

GENERAL QUESTIONS CALLERS WILL BE ASKED AFTER DIALLING 000

- ➔ What is the exact location of the emergency?
- ➔ What is your contact phone number?
- ➔ What is the problem? What exactly happened?
- ➔ How many people are hurt?
- ➔ What is the age of the person needing the ambulance?
- ➔ Is the person conscious?
- ➔ Is the person breathing?

(NO to the last two questions results in the immediate dispatch of the maximum ambulance response. "Yes" leads to a maximum of eight extra questions).

QUESTIONS ASKED IN AN EPILEPSY EMERGENCY AFTER DIALLING 000

- ➔ Has s/he had more than one fit now?
- ➔ Is she pregnant? (If female age 12-50)
- ➔ Did s/he hit her/his head before the fit?
- ➔ Is s/he diabetic?
- ➔ Does s/he have a history of heart problems?
- ➔ Is s/he a person known to have epilepsy? **OR**
- ➔ Has s/he ever had a fit before?
- ➔ Has the jerking (twitching) stopped yet?
- ➔ (You go and check. I'll stay on the line)
- ➔ Is s/he breathing now?

TO ASSIST THE AMBULANCE

- ➔ Avoid third party calls. Whoever is with the person has the most current, accurate information.
- ➔ Answer each question calmly, accurately.
- ➔ Provide accurate location details - the nearest intersection is helpful. Have someone wait outside.
- ➔ Ring back on **000** if the person's condition changes.