

# Individual health care plan

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

■ Diagnosed condition/s \_\_\_\_\_  
\_\_\_\_\_

■ Allergies \_\_\_\_\_  
\_\_\_\_\_

■ Special dietary requirements \_\_\_\_\_  
\_\_\_\_\_

■ Routine medication

Drug \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Drug \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Drug \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

Drug \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

■ Information on how to give medication \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

■ Activities that should be avoided \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

■ Activities that require special precautions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

■ Possible triggers for seizures\_\_\_\_\_

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■ Warning signs that seizures might be about to happen\_\_\_\_\_

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■ Description of typical seizure/s\_\_\_\_\_

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■ Action to be taken during and after a seizure\_\_\_\_\_

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■ Seizures normally last\_\_\_\_\_minutes.

Emergency medication should be given if the seizure has not stopped after\_\_\_\_\_minutes,  
or if\_\_\_\_\_

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■ The emergency drug to be given is\_\_\_\_\_

The dose to be given is\_\_\_\_\_

It should be given  orally

rectally

into the buccal cavity (between the cheek and the teeth)

Circumstances when emergency medication should NOT be given \_\_\_\_\_

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■ Circumstances when a second dose of emergency medication may be given \_\_\_\_\_

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The second emergency medication to be given is \_\_\_\_\_

It should be given  orally

rectally

into the buccal cavity (between the cheek and the teeth)

■ Named individuals who may give emergency medication

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

■ You should call an ambulance/doctor if \_\_\_\_\_

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■ Please call \_\_\_\_\_ if the following situation occurs

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