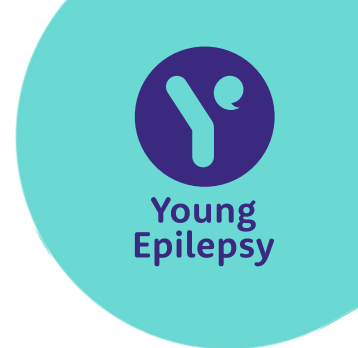


# Individual healthcare plan



Date of plan: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Name of parent/carer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Diagnosis (Including any other conditions): \_\_\_\_\_

Epilepsy syndrome (if known): \_\_\_\_\_

## Description of seizures

Please give a brief description of each seizure type including possible triggers and any warning signs that a seizure may be about to occur.

**Type A:** \_\_\_\_\_

Typical duration: \_\_\_\_\_

☐ This seizure has emergency protocol, see attached.

**Type B:** \_\_\_\_\_

Typical duration: \_\_\_\_\_

☐ This seizure has emergency protocol, see attached.

**Type C:** \_\_\_\_\_

Typical duration: \_\_\_\_\_

☐ This seizure has emergency protocol, see attached.

## Basic seizure management for convulsive seizures

1. Time the seizure, noting what time it starts and finishes
2. Move any hazards out of the way
3. Cushion their head, loosen any tight clothing
4. Do not restrain the person and do not put anything in their mouth
5. Let the seizure run its course. When the seizure has finished put them in the recovery position
6. Stay with the person until they are fully alert and reassure them

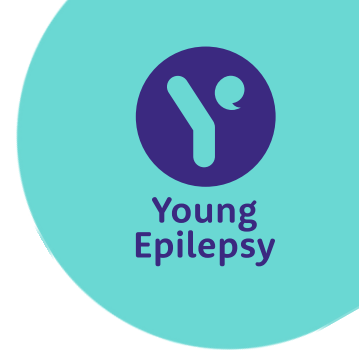
Phone 999 for an ambulance if the seizure lasts longer than 5 minutes (or 2 minutes longer than is usual for that person)

\*After a seizure, please record the details of the event, including time, date, length and any action taken.

## Current Medication

List regular medication with dosages:

- 1: \_\_\_\_\_
- 2: \_\_\_\_\_
- 3: \_\_\_\_\_
- 4: \_\_\_\_\_



## Impact on learning/behaviour/emotions:

(Young Epilepsy's Assessment of Behaviour and Learning in Epilepsy **screening tool** can be used to help identify areas at risk)

Communication (understanding/speaking skills): \_\_\_\_\_

Cognition (including memory and processing speed): \_\_\_\_\_

Emotions and behaviour (attention/mood, anxiety, social skills, aggression): \_\_\_\_\_

Academic achievement (mathematics, reading, spelling): \_\_\_\_\_

Motor skills (fine and gross motor skills, coordination): \_\_\_\_\_

Adjustments needed to the classroom environment:

Any additional provision requirements (including additional time for exams):

Activities that require special consideration and risk assessment (including sports and trips):

Additional information/instructions:

## Agreement

Who needs to know about the child/young person's condition and have they been informed:

- ☐ Teachers
 ☐ SENCO/Inclusion Lead/Team
 ☐ TA/LSA
 ☐ Senior Management Team
 ☐ Office Staff/First Aiders
 ☐ Lunchtime Supervisors

### Healthcare professionals

GP name: \_\_\_\_\_

GP contact details: \_\_\_\_\_

Epilepsy Specialist Nurse/Epilepsy healthcare team/Hospital/Clinic contact

Name: \_\_\_\_\_

Role: \_\_\_\_\_

Contact details: \_\_\_\_\_

School have seen evidence of a clinic letter, healthcare epilepsy plan or, where there is the need for an emergency protocol, an emergency epilepsy care plan. ☐

### This plan has been agreed and consent is given for emergency treatment by:

Child/young person/parents/guardians/epilepsy nurse specialist/prescribing doctor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (child/young person): \_\_\_\_\_

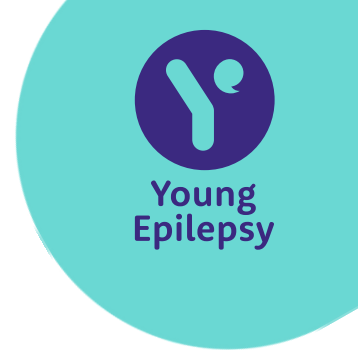
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (parent/carer): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (school staff): \_\_\_\_\_

Date this healthcare plan should be reviewed (at least annually or when any changes occur): \_\_\_\_\_



# Emergency Protocol

(to align with the emergency care plan from the hospital epilepsy team)

**Seizure type:** \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Year Group/Class: \_\_\_\_\_

Emergency medication should be given if seizure type \_\_\_\_\_ has not stopped after \_\_\_\_\_ minutes,  
or if: \_\_\_\_\_

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

The strength of the medication to be given is: \_\_\_\_\_

It should be given ☐ orally, into the buccal cavity (between the cheek and gums) or ☐ rectally

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

Circumstances when a SECOND dose of emergency medication may be given: \_\_\_\_\_

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

The strength of the medication is: \_\_\_\_\_

**An ambulance should be called if:**

Please call: \_\_\_\_\_ on: \_\_\_\_\_ to inform.

Named trained staff members who may give emergency medication:

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_

The emergency medication is stored: \_\_\_\_\_

\*Emergency seizure rescue medications are controlled drugs. Controlled drugs should be stored securely and only named staff should have access. Controlled drugs should be easily accessible in an emergency. Emergency rescue medications should always be readily available when needed and not locked away. This is particularly important to remember when outside of school premises eg. on school trips.

For further information about supporting a young person with epilepsy in school, visit

**[www.youngepilepsy.org.uk/guideforschools](http://www.youngepilepsy.org.uk/guideforschools)** or email **[inclusion@youngepilepsy.org.uk](mailto:inclusion@youngepilepsy.org.uk)**