 Seizure Management Plan

for education and care settings

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| confidential | | | | |
| This form can be completed by parent or guardian (without specialist paediatrician or neurology input) where the seizure is managed by [standard seizure first aid](https://www.education.sa.gov.au/sites/g/files/net691/f/first-aid-seizure.pdf) and midazolam is **NOT** prescribed. Seizure management plans that are modified, overwritten or illegible will NOT be used.  The **specialist paediatrician, neurologist or neurology nurse consultant section** must be completed where  • Midazolam has been prescribed for any seizure type (an [Emergency Medication Management Plan](https://www.education.sa.gov.au/sites/g/files/net691/f/hsp153-inm-medication-agreement.doc) must be completed)  • Any seizure type requires a non-standard first aid response  • Parent or guardian requires support to complete this form  This information is confidential and will be available only to relevant staff and emergency medical personnel. | | | | |
| Name of child/young person: | |  | | |
| Date of birth: | |  | | |
| Education or care service: | |  | | |
| Education or care service email: | |  | | |
| Date: |  |  |  |  |

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| **SEIZURE MANAGEMENT** | | | |
| Seizures are managed by [standard seizure first aid](https://www.education.sa.gov.au/sites/g/files/net691/f/first-aid-seizure.pdf) | **YES** | | |
| **NO** | | (Non-standard first aid response must be documented in the ‘**Support during and after** seizure’ section and the ‘**Specialist paediatrician or neurologist’** section must be completed) |
| Seizure management includes administration of midazolam | **YES** | | ([Emergency Medication Management Plan](https://www.education.sa.gov.au/sites/g/files/net691/f/hsp153-inm-medication-agreement.doc) must be completed and the ‘**Specialist paediatrician or neurologist’** section must be completed) |
| **NO** |  | |

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| **TRIGGERS AND WARNING SIGNS** | |
| Known triggers (ie illness, elevated temperature, flashing lights ) |  |
| Warning signs (ie sensations) |  |

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| **SEIZURE TYPE** | **OBSERVATIONS DURING SEIZURE** | **SIGNS SEIZURE IS STOPPING** |
| **TONIC CLONIC**    Midazolam prescribed?  **YES  NO**  Standard seizure first aid?  **YES  NO** | Not responsive | Last 1-3 minutes |
| May fall down and/or cry out | Stops suddenly |
| Body becomes stiff (tonic) | Stops gradually |
| Jerking of arms and legs (clonic) | Other (specify) |
| Excessive saliva |
| May be red or blue in the face | **RECOVERY TIME** |
| May lose control of bladder and/or bowel | How long does recovery take if the seizure isn’t long enough to require midazolam?  (specify) |
| Tongue may be bitten |
| Other (specify) |
| **BEHAVIOUR FOLLOWING SEIZURE** |
| Confusion and deep sleep (may be hours) |
| May have headache |
| Other (specify) |
| **SUPPORT DURING AND AFTER SEIZURE** | |
| (details) | |

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| **SEIZURE TYPE** | **OBSERVATIONS DURING SEIZURE** | **SIGNS SEIZURE IS STOPPING** |
| **ABSENCE**    Midazolam prescribed?  **YES  NO**  Standard seizure first aid?  **YES  NO** | Vacant stare or eyes may blink or roll up | Last 5-10 seconds |
| Impaired awareness (may be seated) | Stops suddenly |
| Other (specify) | Stops gradually |
| Other (specify) |
| **SUPPORT DURING AND AFTER SEIZURE** | **RECOVERY TIME** |
| (details) | How long does recovery take if the seizure isn’t long enough to require midazolam?  (specify) |
| **BEHAVIOUR FOLLOWING SEIZURE** |
| Instant recovery |
| No memory of the event |
| Other (specify) |

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| **SEIZURE TYPE** | **OBSERVATIONS DURING SEIZURE** | **SIGNS SEIZURE IS STOPPING** |
| **FOCAL WITH AWARENESS**    Midazolam prescribed?  **YES  NO**  Standard seizure first aid?  **YES  NO** | Staring, may blink rapidly | Last 1-3 minutes |
| Remains conscious | Stops suddenly |
| Able to hear | Stops gradually |
| May not be able to speak | Other (specify) |
| Jerking of parts of the body |
| May experience sensations that aren’t real: sounds, flashing lights, strange taste or smell, ‘funny tummy’ or may just have a headache. (These are sometimes called an aura and may lead to other types of seizures). | **RECOVERY TIME** |
| How long does recovery take if the seizure isn’t long enough to require midazolam?  (specify) |
| Other (specify) | **BEHAVIOUR FOLLOWING SEIZURE** |
| Rapid recovery |
| Other (specify) |
| **SUPPORT DURING AND AFTER SEIZURE** | |
| (details) | |

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| **SEIZURE TYPE** | **OBSERVATIONS DURING SEIZURE** | **SIGNS SEIZURE IS STOPPING** |
| **FOCAL WITHOUT AWARENESS**    Midazolam prescribed?  **YES  NO**  Standard seizure first aid?  **YES  NO** | Staring and unaware | Stops suddenly |
| Eyes may jerk | Stops gradually |
| May talk, remain sitting or walk around | Toward the end of the seizure, may perform unusual activities, eg chewing movement, fiddling with clothes (called automatisms) |
| Other (specify) |
| Other (specify) |
| **SUPPORT DURING AND AFTER SEIZURE** | **RECOVERY TIME** |
| (details) | How long does recovery take if the seizure isn’t long enough to require midazolam?  (specify) |
| **BEHAVIOUR FOLLOWING SEIZURE** |
| Confused and drowsy |
| May sleep |
| Other (specify) |

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| **SEIZURE TYPE** | **OBSERVATIONS DURING SEIZURE** | **BEHAVIOUR FOLLOWING SEIZURE** |
| **MYOCLONIC**    Standard seizure first aid?  **YES  NO** | Remains conscious | (specify) |
| Sudden jerk |
| May recur many times |
| Other (specify) |
| **SUPPORT DURING AND AFTER SEIZURE** | |
| (details) | |

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| **SEIZURE TYPE** | **OBSERVATIONS DURING SEIZURE** | **BEHAVIOUR FOLLOWING SEIZURE** |
| **ATONIC**  **(Drop attack)**    Standard seizure first aid?  **YES  NO** | Muscles become weak or limp | (specify) |
| may drop to ground if standing |
| Other (specify) |
| **SUPPORT DURING AND AFTER SEIZURE** | |
| (details) | |

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| **AUTHORISATION AND AGREEMENT** | | The Seizure Management Plan has been developed for use in the following settings: | | |
|  | Children’s centre, preschool or school | |  | Childcare, Out of School Hours Care |
|  | Camps, excursions, special event, transport (incl. aquatics) | |  | Work experience or other education placement |
|  | Respite, accommodation | |  | Work |
|  | Transport | |  | Other (specify) |

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| **Parent, guardian or adult student** | |
| * **I approve the release and sharing of this information to supervising staff and emergency medical staff (if required)** * **I understand education and care staff may seek additional information and/or advice regarding the medical information contained in the Seizure Management Plan from the treating health professional, epilepsy specialist or Access Assistant Program (AAP) to inform the duty of care** | |
| (name) | (relationship) |
| (email or signature) | (date) |

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| **REVIEW** | | | |
| This seizure management plan remains current until superseded due to different management being required.  Parent/ guardian/ adult student to sign every 12 months that this continues as the current plan. | | | |
| **Date** | **Name** | **Relationship** | **Email or Signature** |
| (date) | (name) | (relationship) | Email or signature |
| (date) | (name) | (relationship) | Email or signature |
| (date) | (name) | (relationship) | Email or signature |

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| **Specialist paediatrician, neurologist, neurology nurse consultant or treating health professional** | |
| **This section must be completed by a specialist paediatrician, neurologist, neurology nurse consultant or treating health professional where:**   * **Midazolam has been prescribed for any seizure type** *(an* [*Emergency Medication Management Plan*](https://www.education.sa.gov.au/sites/g/files/net691/f/hsp153-inm-medication-agreement.doc) *must be completed)* * **Any seizure type requires a non-standard first aid response** *(details of non-standard response must be included in* ***support during and after seizure*** *section)* * **Parent or legal guardian requires support to complete this form** | |
| (name) | (relationship) |
| (email or signature) | (date) |
| I agree to being contacted by education and care staff to provide assistance and advice to support the safe and effective implementation of the seizure management plan. | |