 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 formThis 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.  |