Care Homes Epilepsy Care Plan

Patient Details

Name	CHI Number
Diagnosis	Name of
and date of	Consultant
diagnosis	making
	diagnosis

Type of Epilepsy Care (GP only, Shared Care or Specialist only)	
Name of Doctor	
Hospital/Clinic if Specialist	

Seizure Type

Seizure Classification	Description of seizure (include warning symptoms, triggers and signs of recovery. Include usual duration of each stage)
A)	
B)	
C)	

Management of Seizures

- 1. Note time
- 2. Maintain airway
- 3. Ensure safe environment and freedom of movement
- 4. Observe throughout
- 5. Allow seizure to subside and observe for signs of recovery
- 6. On recovery, consider placing patient on their side if practical
- 7. If no signs of recovery, follow protocol for administration of rescue medication
- 8. Record in epilepsy care plan

Regular Anti-convulsant Medication

Name				CHI Number		
Anticonvulsant & formulation	Dose	Route	Time	Date commenced	Maximum dose tolerated	Interactions/ cautions

Rescue Medication

Name				CHI Number		
Anticonvulsant & formulation	Dose	Route	Time	Date commenced	Maximum dose tolerated	Interactions/ cautions

Protocol for Administration of Rescue Medication

Name		Chi Number
Name of o	drug,	
strength a	nd by which	
route?		
When sho	uld rescue	
medicatio	n be given?	
How much	n should be	
given?		
When sho		
second do	se be	
given?		
	n should be	
given for t	he 2nd	
dose?		
When should		
emergency assistance		
be sought	?	
What eme	ergency	
action sho		
taken?		
For non emergency		GP or NHS 24 out of hours service –111
medical a	dvice,	
contact		
•	1 of Midazolam in 6 hours, or mg in 24 hours	
unlace di	racted by the	n doctor

This protocol is agreed by (prescribing GP):..... (date)