

EPILEPSY – CARE plan with SEIZURE ACTION Plan (SAP) : p.t.o.

I am being treated for EPILEPSY and take medication for this (daily, ... times) (see below for details).
 The information provided explains the types of seizures and what to do during a seizure..

NAME: (mr-mrs)		Date of birth: / /	
Adress:		Nr:	Home-location:
Telephone (Landline at home):		Personal mobile:	Workplace :

WORKplace - Stay:			
Representant(s):			
Adress:		Nr:	Location:
Telephone (Landline):		Mobile phone:	(Naam)

Treating Physician / Neurologist:		Hospital/Clininc	Tel. :
GP :	Tel. :		
GP school / instelling / verblijf:		Tel. :	

SEIZURE TYPE INFORMATION:

(TC=ToniC-Clonic¹ (grand mal) – Absence² – Focal³ (partial) & conscious or impaired
 With /Wo automatisms – Myoclonies⁴ (left-right-both sides) – Eye-myoclonies
 Sensoric – Emotional – Tonic⁵ – Atonisch – Hyperkinetic⁶)

SEIZURE TYPE (nr)	Lenght	Frequency (normal)	Description

Seizure triggers:

Or warning signals : (Aura?)

(Normal) reaction / respons of the person:

.....

Seizure-Alarm: present / not ? - **Type:** NW /camera / conn. w. mobile... - **Sensor:** watch / bracelet / ...

Alarms (night/day): Tonic-Clonic (TC)1 and (if applicable) Tonic5, Hyperkinetic6, Myoclonic4 and/or Absence2 seizures

Alarm SMS message to GSM numbers / to: -0111 -111111 parents / -0222-222222 partner /

NORMAL DAILY MEDICATION INTAKE: at home or during SCHOOL or RESIDENCE time
 (This may not be changed without the consent of the parents/responsible persons)

MEDICATION: brand name (substance name) Time and Dosage (mg) Remarks

e.g. Tegretol (carbamazepine)	7 - 8u: 200 mGr	18u: 200 mGr	e.g. round or oval beige pill

- I have a **Vagus Nerve Stimulator implant (VNS) – (DBS) - other:**
- Instructions for magnet use:**
- I am **ALLERGIC** to:
- I carry/have **SOS-EHBA** information (on mobile/on paper)
- SPECIAL NOTES :** (regarding food, work, activities, sports, swimming, outings, ...)
-

Instructions for FIRST AID in case of an EPILEPTIC SEIZURE (SAP)

Note the seizure(s):

1. Start of 1st seizure: hmin < - - -> **End:** hmin.
 2nd seizure: hmin < - - -> **End:** hmin.
2. Preliminary findings

3. During the seizure:

4. Condition after the seizure:

5. **AFTERCARE:** Should the person be isolated after a seizure or taken away by ambulance? – Can they continue alone / go home?

Basic principles van First Aid:

- ✓ Stay calm, note time, length
- ✓ Pay attention to overall safety
- ✓ Do not restrain or hold the person
- ✓ Never put anything between the teeth
- ✓ Do not immediately give something to drink
- ✓ Stay with the person until they regain consciousness
- ✓ (Record the seizure in a log)

In case of a major seizure

(tonic-clonic seizure):

- ✓ Protect the head
- ✓ Make the person breathe freely
- ✓ Turn the person into a stable left lateral position

- Notify the partner / work / parents / responsible person (if agreed)
- Record the seizure in the designated logbook (if applicable).

EMERGENCY PROCEDURE : An **EMERGENCY** for this person is defined as follows::

IF:

Or IF:

Carry out what is applicable, in order of numbering: to be filled in: 1, 2, 3, 4:

↓ to be filled in as: 1, 2, 3, 4

- Notify parents / responsible person / partner / friends
- Contact the school doctor or general practitioner or treating physician
- If no one is reachable, call 112 for urgent transport to:

.....
(with or without accompaniment).....

- Administer the emergency medication° and note the time and dosage(s)

Time:hmin **Dose**

Wait at least minutes between 1st and 2nd dose !

Time:hmin **Dose**

In case of (a) seizure(s), it is generally considered an **EMERGENCY** if:

1. A tonic-clonic or grand mal seizure lasts longer than 5 minutes.
2. The person has multiple seizures in succession without regaining consciousness in between (i.e. STATUS EPILEPTICUS).
3. The person has a seizure for the first time.
4. The person has breathing difficulties or appears blue in the face

EMERGENCY MEDICATION° : may only be used in emergencies

- consists of:
- is present : at (location)
- is in the possession of the person themselves:
- MAY - MAY NOT BE ADMINISTERED** by:
- the instructions for this are known (see care responsible)**.....

GIVE THIS DOCUMENT (or a copy) WITH the person in case of medical transport !!!

Signatures:

Parents / Person / Cares

DOCTOR

SCHOOL / INSTITUTION / WERK

Date:

Date:

Date: