### EPILEPSY ACTION

# Individual healthcare plan (IHP) for epilepsy

epilepsy.org.uk

#### Date: \_\_\_\_\_ Review date: \_\_\_\_\_

#### Child's details

| Name             |  |
|------------------|--|
| Group/class/form |  |
| Date of birth    |  |
| Address          |  |
|                  |  |

#### Family contact information

| 1. Contact name       |  |
|-----------------------|--|
| Relationship to child |  |
| Phone number (work)   |  |
| (mobile)              |  |
| (home)                |  |
| 2. Contact name       |  |
| Relationship to child |  |
| Phone number (work)   |  |
| (mobile)              |  |
| (home)                |  |

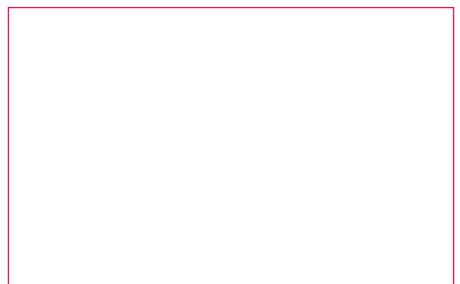
#### **Clinic/hospital contact**

| Name         |  |
|--------------|--|
| Role         |  |
| Phone number |  |

#### GP

| Name         |  |
|--------------|--|
| Phone number |  |

#### Details of epilepsy / epilepsy syndrome



Seizure(s) – type, what happens before, during and after, frequency, and duration



#### Action to be taken during and after a seizure



#### Emergency procedure if seizure lasts more than \_\_\_\_\_\_ minutes

#### Is an emergency medicines care plan in place: yes / no

## Emergency medicine(s) (only to be administered by named and trained members of staff):

| Name and dose of medicine                 |  |
|---|--|
| Named individual(s) who may give medicine |  |

#### **Emergency medicine(s)**

| Name:       |  |
|-------------|--|
| Dose:       |  |
| Time given: |  |
| Name:       |  |
| Dose:       |  |
| Time given: |  |
| Name:       |  |
| Dose:       |  |
| Time given: |  |

Side-effects of medicine(s)

#### Information about other treatments

#### Seizure triggers (if known)

Specific support or equipment required (for medical, learning, social, emotional needs)

## Activities that require special precautions, and how to manage

Arrangement for school trips

Other information

#### This plan has been agreed by (pupil/parent/carer/doctor/ school nurse/epilepsy specialist nurse):

| Name:           |  |
|-----------------|--|
| Role:           |  |
| Signature:      |  |
| Contact number: |  |
| Name:           |  |
| Role:           |  |
| Signature:      |  |
| Contact number: |  |
| Name:           |  |
| Role:           |  |
| Signature:      |  |
| Contact number: |  |
| Name:           |  |
| Role:           |  |
| Signature:      |  |
| Contact number: |  |
| Name:           |  |
| Role:           |  |
| Signature:      |  |
| Contact number: |  |

#### Details of staff training required/undertaken

| Notes             |  |  |  |  |
|-------------------|--|--|--|--|
| Length of seizure |  |  |  |  |
| Time              |  |  |  |  |
| Date              |  |  |  |  |



New Anstey House, Gate Way Drive, Yeadon, Leeds LS19 7XY Phone 0113 210 8800 epilepsy@epilepsy.org.uk epilepsy.org.uk **Epilepsy Action Helpline freephone 0808 800 5050** 

Registered charity in England and Wales (No. 234343)

© Copyright Epilepsy Action 2024