epilepsy action

epilepsy.org.uk

Emergency medication care plan

Emergency medication care plan, for the use of emergency medications in epilepsy, this care plan is to be used by those with the appropriate emergency medication training only. This individual care plan is to be completed by, or in consultation with, the prescribing medical practitioner.

Name of person with epilepsy: _____

Date of birth: _____

Emergency medication/s: _____

Known allergies: _____

Usual daily/weekly medicines (all)

Name	Dose/frequency

Emergency medication treatment plan

Which types of seizure should emergency medication be given for? (describe)

Type 1 _____

Usual duration of seizure type 1

Type 2 _____

Usual duration of seizure type 2

Type 3 _____

Usual duration of seizure type 3

Type 4 _____

Usual duration of seizure type 4

Type 5 _____

Usual duration of seizure type 5

Other useful information

When should emergency medication be given? (after a certain length of time or particular number of seizures)

Seizure type 1 _____

Seizure type 2 _____

Seizure type 3 _____

Precautions- In these situations emergency medication should NOT to be given:

For example: another medicine has been given within the last _____ minutes/hours

For care or medical staff: is insurance cover in place **Yes** ☐ **or No** ☐

Who should witness the giving of emergency medication?

First dose: how much emergency medication is given? This should be the recommended amount for the person named in this care plan.

What is the person's usual reaction to emergency medication?

If it is difficult to give the emergency medication, for any reason, what action should be taken?

Can a second dose of emergency medication be given? **Yes** ☐ **or No** ☐

Second dose: how much emergency medication is given? This should be the recommended amount for the person named in this care plan.

When should 999 be dialled for emergency help if the full prescribed dose of emergency medicine fails to control the seizure?

After _____ minutes (please record as appropriate)

Other (please give details)

This would only be when it has been written into the person's care plan by the person who prescribed the emergency medication.

What is the maximum dose of emergency medication that can be give in a 24 hour period?

Who needs to be told that emergency medication has been given?

1. The person's parent or guardian

Name: _____ Tel: _____

2. Anyone else?

Name: _____ Tel: _____

Name: _____ Tel: _____

A record must be kept every time emergency medication has been given

This plan has been agreed by the person who prescribed the emergency medication and the authorized people listed below. The person with epilepsy or their parent or guardian should also sign, as well as the employer of the person who gives the emergency medication.

The person who prescribed the emergency medication

Name: _____ Signature: _____

(BLOCK CAPITALS)

Date: _____

Authorised people who have been trained to give emergency medication

Name: _____ Signature: _____

(BLOCK CAPITALS)

Date: _____

Name: _____ Signature: _____

(BLOCK CAPITALS)

Date: _____

Name: _____ Signature: _____

(BLOCK CAPITALS)

Date: _____

Name: _____ Signature: _____

(BLOCK CAPITALS)

Date: _____

Person with epilepsy/parent/guardian (please circle)

Name: _____ Signature: _____

(BLOCK CAPITALS)

Date: _____

Employer of the person authorised to give emergency medication

Name: _____ Signature: _____

(BLOCK CAPITALS)

Date: _____

This form should be available for every medical review of the patient

Copies to be held by

Date for review of plan

How will people named in this document be told of any changes?

Record of use of emergency medication

Date:				
Recorded by:				
Type of seizure:				
Length and/or number of seizures:				
First dose:				
Outcome:				
Second dose (only if agreed on care plan and signed by the person who prescribed)				
Outcome:				
Parent/guardian informed:				
Prescribing medical practitioner informed:				
Other information:				
Witness:				
Re-order emergency medication?				
Name of person re-ordering:				
Date:				