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| **MY EPILEPSY CARE PLAN**  **PRUH EPILEPSY SERVICE** | | | |  | |
| 1. **ABOUT MYSELF** | | | | | |
| **1.1** | **MY NAME:** |  | | | |
| **1.2** | **MY DATE OF BIRTH:** |  | | | |
| **1.3** | **MY SCHOOL:** |  | | | |
| **1.4** | **MY ADDRESS:** |  | | | |
| **1.5** | **EMERGENCY CONTACT:** |  | | | |
| 1. **ABOUT MY HEALTHCARE PROFESSIONALS** | | | | | |
| **2.1** | **MY Epilepsy NursE:** | Ms Teresa McIntyre, Roald Dahl Paediatric Epilepsy Nurse Specialist  Princess Royal University Hospital, Orpington BR6 8ND  **Tel: 01689 864357 / Email: teresa.mcintyre1@nhs.net** | | | |
| **2.2** | **MY EPILEPSY DOCTOR:** | Dr Dennis Grigoratos, Consultant Paediatrician | | | |
| **2.3** | **MY GP:** |  | | | |
| 1. **ABOUT MY EPILEPSY** | | | | | |
| **3.1** | **MY TYPE OF EPILEPSY:** |  | | | |
| **3.2** | **MY SEIZURES USUALLY LOOK LIKE / PRESENT AS:** |  | | | |
| **3.3** | **MY ANTIEPILEPTIC MEDICATIONS:**  ***(see clinic letter for other medications)*** |  | | | |
| **3.4** | **MY EMERGENCY MEDICATIONS:**  ***(if applicable)*** |  | | | |
| 1. **WHAT TO DO IF I HAVE A SEIZURE** | | | | | |
| **4.1** | **WHAT TO DO**  **IF I HAVE A SEIZURE:** | 1. **Stay calm and ensure that the environment is safe.** 2. **Place me on my side, support my head to avoid injury but do not restrain me.** 3. **Do not put anything in my mouth!** 4. **Reassure me and stay with me until I recover.** 5. **Note the time when the seizure started and if possible take a video of the event.** 6. **If my seizure has not stopped by 5 minutes call an ambulance and then give me my emergency medications *if applicable* and if you have been trained to do so.** | | | |
| **4.2** | **WHEN TO CALL AN AMBULANCE / 999:** | **If at any stage you feel that you need assistance.****If the seizure has not stopped by 5 minutes.****If you notice that I am not breathing or if I am turning blue.****If I have suffered serious injury due to the seizure.****If I have more than 3 brief seizures within 30 minutes.****If after the seizure has stopped you are worried that I am not recovering.** | | | |
| 1. **INFORMATION FOR HEALTH PROFESSIONALS / SCHOOL & SAFETY ADVICE** | | | | | |
| **5.1** | **SPECIAL INSTRUCTIONS:** |  | | | |
| **5.2** | **SAFETY & SCHOOL INFORMATION:** | **Please visit the Virtual Information Pack of the South East Thames Paediatric Epilepsy Group at:**  ***https://www.setpeg.net/epipack*** | | | |
| 1. **DATE CARE PLAN WRITTEN** | | | | | |
| **DATE:** | |  | **BY WHOM:** | |  |
| **PLAN AGREED BY CARERS** | | **YES** | **Carers are advised to contact the PRUH Epilepsy Service via the details above regarding any queries about this care plan.** | | |