Guidelines to help you write the Epilepsy Management Plan

1. General Information
   • If these records are attached to the Epilepsy Management Plan (EMP) then write "attached"
   • If these records are not attached, then clearly state where they are located
   • If the EMP is to be used by multiple organisations, leave blank so that each organization can write in where their organization will store the documents
   • An epilepsy diagnosis is made by the doctor. For example Dravet Syndrome, Lennox Galtaut Syndrome. Write ‘not known’ if this is applicable

2. Has emergency medication been prescribed?
   • Emergency medication (eg. buccal/ intranasal midazolam or rectal valium) can be prescribed for prolonged seizures or clusters
   • The Emergency Medication Management Plan describes when and how these medications are administered. It must be completed by the doctor and either be attached or its location noted in the EMP
   • You can access these electronic templates at www.epilepsysmartschools.org.au
   • Only people who are specifically trained to administer the emergency medication to the child can do so
   • You can locate your local Epilepsy Australia member organisation to arrange training by telephoning 1300 852 853

3. My seizures are triggered by:
   • A trigger is a situation or event that can make a seizure more likely to occur
   • Not everyone will have known triggers
   • Examples of common triggers include drinking too much alcohol, being hot or not well, lack of sleep
   • Write ‘not known’ if this is applicable

4. Behaviours
   • Some children get a ‘sense’ that they are leading up to seizure activity. For others, their behaviour or mood may change. Many have no such indication. Each child’s presentation will be different
   • A change in behaviour may occur for hours, days or weeks prior to a seizure
   • Examples of changed behaviour may include feeling sad, irritability or poor appetite
   • Write ‘not known’ if this is applicable

5. Seizures
   • Determine how many different types of seizures the child has
   • Select the EMP that has the corresponding number of rows so that each seizure type can be contained in a separate row
   • Go to www.epilepsysmartschools.org.au and download the appropriate EMP – there are between 1 and 5 rows to choose from
   • In the description column describe what the seizure looks like before, during and afterwards
   • Don’t just name the seizure, for example ‘absence’ as this type of language is not necessarily understood by everyone who reads the EMP

continued overleaf
6. Support during a seizure

- Give clear, step-by-step instructions about any specific support requirements

7. Post seizure support

- As recovery from seizures varies greatly, state clearly what needs to be done to assist the child
- State how long the child should be supervised after a seizure
- Describe how the supervising person would know when the child has regained their usual awareness and how long this typically takes

8. Risk

- Everyone, not just those with epilepsy face risks in the home and in the community
- Identify risks that the child may face, for example bathing, swimming, use of a helmet, mobility or eating after a seizure
- After identifying the risk, state what needs to be done to reduce the likelihood of the danger for example one on one supervision for swimming

9. Overnight support

- For some children, additional overnight support may include use of a low bed, firmer pillow, or staff monitoring to mention a few strategies
- A thorough assessment should be completed in consultation with the treating doctor to evaluate what, if any additional overnight supports may be needed