



PROCEDURE PLAN FOR Epilepsy & Emergency Medication

Child's Name:			
DOB:		AFC Pin No:	

Pin number to be added by AFC

This plan has been agreed by the following:			
Doctors Name: <small>Please use Block Capitals</small>			
Contact phone number:			
Signature:		Date:	
<hr/>			
Parent/Guardian Name: <small>Please use Block Capitals</small>			
Signature:		Date:	

PLEASE NOTE: A Doctor must complete and sign this plan.

EPILEPSY PLAN & DETAILS OF SEIZURES	
Seizure Classification Type/s:	
Description of seizure/s: <small>Please give a description of how this young person's seizure/s present, detailing what happens before/during/and after.</small>	
Usual / Known frequency of seizures:	
Usual duration of seizure:	

Known Triggers:

Usual / Agreed Treatment for this young person's seizures:

Young person's usual / expected recovery for seizure/s

Please record how the young person usually recovers

Does the young person have a history of 'Status Epilepticus' :

YES

NO

Emergency Medication Treatment Plan

Record Emergency Medication prescribed :

Include medication Name / Strength / Prescribed Dose.

When should this Emergency Medication be administered?

Clearly state if it is after a certain length of time or number of seizures.

How much of this medication should be administered as an initial / first dose:

When should the Emergency Services / 999 be called for this young person's seizure/s:		
<small>Please note: If this young person has never had this emergency medication administered previously, AFC staff <u>MUST NOT</u> administer, and an Ambulance must be called to administer this 1st dose as required. AFC staff will always call an ambulance after administration of emergency medication.</small>		
Has this young person used this emergency medication before?	YES	NO
What is the Young person's usual reaction/s to this emergency medication?		
Have there been any issues or difficulties for this young person with the use of this emergency medication? <small>Please detail any concerns, and actions required to support the young person should this occur.</small>		
If there are difficulties in the administration of this emergency medication what action should be taken?		
Can a second dose of this emergency medication be given? <small>Please Note: AFC staff will not administer a second dose of this medication – an Ambulance will be called to do this and to monitor the young person as required</small>	YES	NO
Clearly state the length of time to have elapsed before a second dose can be administered:		
How much of this emergency medication should be given as a second dose?		
What is the Young person's usual reaction/s to a second dose of this emergency medication?		
Can a third dose of this emergency medication be given within a 24hr period? <small>Please Note: AFC staff will not administer a third dose of this medication – an Ambulance will be called to do this and to monitor the young person as required</small>	YES	NO
Clearly state the length of time to have elapsed before a third dose can be administered:		
How much of this emergency medication should be given as a third dose?		
Under what circumstances should this Emergency Medication NOT BE USED?		

For: Action for Children Staff use only

Authorised Person/s Trained to Administer Emergency Medication		
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