

Epilepsy Care Plan

Name: _____ MR#: _____ DOB: _____

Physician: _____ Date: _____

Epilepsy Diagnosis: _____

Seizure Type(s): _____

• FURTHER TESTING: Further testing is used to gather additional information to help in the diagnosis of epilepsy or to find a cause for the epilepsy. The following tests are needed:

- EEG (electroencephalogram) – “Having an Electroencephalogram (EEG)” teaching done
- Short-term monitoring – “Short Term Monitoring for Seizure Disorders” teaching done
- Long-term monitoring – “Seizure Disorders: Long Term Monitoring” teaching done
- MRI scan – “Magnetic Resonance Imaging Scan (MRI)” teaching done
- PET scan – “Positron Emission Tomography (PET) and Computerized Tomography (CT) Scan” teaching done
- Neuropsychological evaluation
- _____
- _____

• MEDICAL TREATMENT PLAN: Treatment to prevent seizures starts with using a medicine called an “antiepileptic drug (AED)”.

• It is important to not miss any medicine doses. Sometimes doses are missed because of illness or because it is forgotten.

• If a dose is forgotten, give the dose as soon as you remember as long as 2 doses are not being given at the same time. Then give the next dose at least 4 hours later. Do not try to “catch up” on missed doses the next day.

• If your child is ill and throws up the medicine within 20/30 minutes of giving the dose or you see the medicine come up when your child throws up, try to give the dose as soon as small amounts of clear liquids are tolerated. If your child throws up the dose a second time, don’t repeat the dose and call your doctor or nurse for instructions.

• Call the doctor or nurse if you notice any side effects from the antiepileptic medication.

• ANTIPILEPTIC MEDICINE PLAN:

- _____
 - Continue current dose: _____
 - Slowly increase dose following the “Medication Schedule” to: _____
 - Slowly decrease/discontinue dose following the “Medication Schedule”
 - Other: _____
- _____
 - Continue current dose: _____
 - Slowly increase dose following the “Medication Schedule” to: _____
 - Slowly decrease/discontinue dose following the “Medication Schedule”
 - Other: _____
- _____
 - Continue current dose: _____
 - Slowly increase dose following the “Medication Schedule” to: _____
 - Slowly decrease/discontinue dose following the “Medication Schedule”
 - Other: _____

• SEIZURE FIRST AID: Care during a seizure is intended to keep your child safe and when necessary to stop a seizure. Most seizures stop on their own within 3 minutes. To keep your child safe, take the following steps:

- Stay calm!
- Do not try to stop the movements. Your child may resist or even strike out.
- Clear the area around your child of any hard, sharp or hot objects. If walking around, gently lead your child away from dangers, such as doors or stairways.
- Place something flat and soft beneath your child's head.
- Do not try to put anything between your child's teeth.
- For a tonic-clonic seizure, gently roll your child onto one side until he/she is fully awake.
- Allow your child to rest if he/she is sleepy. Stay with your child until the seizure is over and your child can respond when you talk with him/her.
- Record what your child did during the seizure, how she/he acted before and after the seizure, and how long the seizure lasted on the "Seizure Calendar."

- Emergency medication is used to stop seizures that last too long or occur in clusters:**
- Diastat (rectal diazepam) _____ mg. Give rectally for seizures that last 5 minutes or longer and/or a cluster of seizures (_____ seizures in _____ minutes).**
- Other:** _____

- CALL "9-1-1" if:**
- the seizure lasts longer than 5 minutes or if you give rectal diazepam (Diastat) and the seizure doesn't stop within 5 minutes of giving the Diastat
 - your child has one seizure after another without waking up.
 - your child appears bluish or gray after the seizure is over or seems to have problems breathing after the seizure is over.
 - your child is injured during the seizure or the seizure occurred in the water.
 - your child might be pregnant.

• SEIZURE RECORD: Keeping a record of your child's seizures helps to monitor the response to the plan of care. The record of your child's seizures should include:

- How your child acted before and after the seizure.
 - What happened during the seizure, including whether one side or part of the body was more affected than another during the seizure.
 - How long the seizure lasted.
- Use the "Seizure Calendar" to keep a record of your child's seizures.

• LIFESTYLE FACTORS: Certain things may make seizures occur more easily. These are called "seizure triggers". Some of these triggers, such as lack of enough sleep, forgetting to take your medicine, or drinking alcohol, can be avoided. Some of the triggers, such as getting sick or having your menstrual period, can't be avoided – they are just part of life. In general, taking good care of the body can help to avoid some of the seizure triggers.

- Eat 3 well-balanced meals every day.
- Get regular exercise to keep the body healthy.
- Get a full night's sleep. Sleep at least _____ hours every night.
- Avoid caffeine since this may make it harder to get a good night's sleep.
- Other:** _____

SPECIAL LIFESTYLE FACTORS FOR TEENS: As a teenager, you have some special things to consider to keep your body healthy and enjoy a fulfilling life safely.

- Driving is allowed if you are seizure free for 3 months (in the state of Wisconsin) and if you take your antiepileptic medication every day as directed. A form from the DMV (Department of Motor Vehicles) needs to be completed every 6 months. You will need to have seen your doctor within 30 days of completing the DMV form.
- Calcium from dairy products or calcium supplements should equal 1800 mg/day. When using a calcium supplement, be sure that it contains Vitamin D
- Women with epilepsy should take 1 mg of folic acid every day starting as a teenager
- Oral contraceptives (“birth control pills”):
 - Oral contraceptives and seizure medicines can affect each other. You will need to make an appointment with your primary care doctor or gynecologist because your antiepileptic medication can make your oral contraceptive not work as well. This may cause breakthrough bleeding and may **not** prevent pregnancy.
 - Some oral contraceptives can make seizures worse and some can make seizures better. Call your neurologist before you start an oral contraceptive to talk about how it might affect your seizures.
- Alcohol and street drugs can cause seizures and interfere with how well your antiseizure medicine works.

• FOLLOW-UP CARE: Regular contact with the neurologist and the primary care provider is important to be sure that both the child and parent have a good understanding of seizures and the plan of care and to be sure that the medical team knows how the epilepsy care plan is working to prevent seizures.

- Call the neurology clinic with an update in _____.
- Next appointment: _____.
- Call Neurology office for questions about seizures, antiepileptic medication side effects. For urgent questions after hours and on weekends/holidays, call 414-266-2000 and ask for the On-Call Neurologist.
- Call the Primary Care Provider for questions about childhood illnesses, immunizations and other childhood issues, such as sleep, diet, growth and development, and school issues. The Primary Care Provider should be the “Medical Home” for a child with epilepsy. The “Medical Home” provider works with the child and family to assure that all of the medical and non-medical needs of the child are met. This includes coordinating specialty care, school services, out-of home care, family support and community services.
- Contact the local Epilepsy Foundation office for more information about seizures and local community services. See the “Epilepsy Foundation – Wisconsin Affiliates” sheet to find your local office.
- Other referrals:
 - _____
 - _____
 - _____

• CONTACT INFORMATION:

Primary Care Provider: _____ Phone: _____
 Neurologist: _____ Phone: _____
 Nurse: _____ Phone: _____
 After Hours Number: 414-266-2000 For medical emergencies call: 911

 Physician/APN _____ Date _____

 Nurse _____ Date _____

 Parent/Guardian _____ Date _____