

Epilepsy Emergency Action Plan

The Emergency Action Plan should include step-by-step instructions to help management/staff/carers manage this particular individual's seizure/s. It should also indicate specific circumstances in which an ambulance should be called.

EMERGENCY ACTION PLAN FOR [CHILD]

Tonic-clonic seizures	<ul style="list-style-type: none"> • Lie her down, placing her body on its left side • Position head to maximise her ability to breath • Call an ambulance (If seizure is prolonged, rectal valium or similar may be administered by ambulance officers) • When she comes to, comfort and re-assure her that she is safe. • Let her remain laying down to sleep-off the seizure as she will feel extremely fatigued. <p>Try to:</p> <ul style="list-style-type: none"> • Time length of seizure • Ascertain if any non-diet food has been eaten, ie type and quantity
Myoclonic (jerk-type) Atonic / drop attack Absence seizures	<ul style="list-style-type: none"> • As these seizures last only seconds, comfort and re-assure her that she is safe as she may feel dazed and confused. • Encourage her to lie down if she is feeling unsteady or tired.
Too much ketosis (acidosis)	<p>Signs of too much ketosis (acidosis) are:</p> <ul style="list-style-type: none"> • Rapid, panting (Kussmaul) breathing • Irritability • Increased heart rate • Facial flushing • Unusual fatigue or lethargy • Vomiting <p>If you suspect [child] may be in too much ketosis, give her two table-spoons of pure 100% orange juice. If symptoms persist 20 minutes after giving the juice, give a second dose. If the second dose doesn't improve her condition, call one of her treating doctors immediately. If you cannot reach the doctors, take [child] to hospital emergency where she will be checked to see how acidotic she is. IV fluids may be needed or even a dose of IV glucose to break up the excessive ketosis. In the meantime, ask the emergency room staff to continue trying to contact her treating doctor.</p>

REPORTING SEIZURES

Important: Please report any suspected seizure activity to [child]'s parents.

Date of last seizure	Type of seizure/s	Details
[date]	Myoclonic-astatic	0-2 per day, with prolonged recovery – sometimes agitated, confused, fatigued. This seizure type has eased off and has not been since this date.
[date]	Non-convulsive status epilepticus	Deterioration of condition NCSE – non verbal, unresponsive, difficulty swallowing. Had severe paradoxical reaction to benzodiazepines but eventually responded very well to steroid therapy.

The Epilepsy Foundation of Victoria Inc recommends regular consultation with the treating doctor to assist with details for this emergency action plan. Information must be current and changes need to be