

Epilepsy Management Plan

Date of Doctor's Instructions: [date] Today's date: [date]
 Person's Name: **Child's name** Date of Birth: [date] [age]
 Royal Children's Hospital UR: xxxx xxxx Ambulance No: xxxx xxxx
 Monash Hospital UR: xxxx xxxx Medicare No: xxxx xxxx

EMERGENCY CONTACT PERSONS

- | | | | |
|--------------------|------------------------------|------------------------------|-----------------------------|
| 1. Mother's name | Tel (home): xxxx xxxx | Tel (work): xxxx xxxx | Mobile: xxxx xxx xxx |
| 2. Father's name | Tel (home): xxxx xxxx | Tel (work): xxxx xxxx | Mobile: xxxx xxx xxx |
| 3. Relative's name | Tel (home): xxxx xxxx | Tel (work): xxxx xxxx | Mobile: xxxx xxx xxx |

TREATING DOCTORS

- | | |
|-------------------------------|--|
| 1. Dr X, General Practitioner | Tel: xxxx xxxx, afterhours – xxxx xxxx |
| 2. Dr X, Neurologist | Tel: xxxx xxxx (pager xxxx) or xxxx xxxx |
| 3. X – Dietician (keto unit) | Tel: xxxx xxxx (ask for her to be paged) |
| 4. Dr X – Paediatrician | Tel: xxxx xxxx or xxxx xxxx |

EPILEPSY DIAGNOSIS

Type of seizures: Myoclonic-astatic epilepsy in childhood – MAE (Doose Syndrome) – severe seizure disorder characterised by mixed seizure types including myoclonic (jerk-type), myoclonic-astatic (drop attack), absence seizures and non-convulsive-status epilepticus. Tonic-clonic seizures have not been seen since the onset of epilepsy at the age of 3½ when [child] experienced six episodes (lasting 2-5 mins) over a period of four weeks, and also during benzo-related tonic episodes for NCSE treatment.

Known triggers: Changes in medications, on awakening or just about to fall asleep, temperature changes, when surprised, tired, stressed, hungry or for no apparent reason at all.

Seizure pattern: When uncontrolled (eg pre Ketogenic diet), [child] was experiencing anything in the range of 5-40 myoclonic, atonic drop attacks or absence seizures per day. Significant seizure control has been achieved with the combination of medication and the ketogenic diet. With myoclonic-astatic seizures, [child] usually loses full control of her upper body which could result in injury if she is standing near hard objects (eg, a table or walking down stairs). Typical hazards include heights, sitting on stools, climbing equipment, swings, standing near hard objects, handling sharp objects, walking down stairs. Seizures tend to be more frequent towards the later part of the day, but can occur anytime throughout the day. The pattern/severity of her epilepsy seems to change constantly (and is just the nature of this beast!).

EPILEPSY MEDICATIONS (NOTE: ALLERGIC TO CECLOR AND HAS SEVERE ADVERSE PARADOXICAL TONIC SEIZURE REACTION TO BENZODIAZEPINES CLONAZEPAM & CLOBAZAM)

Name	Dose	Time given	Form of administration
Epilim (Sodium Valproate)	400 mg pd	8:00 am 8:00 pm	200 mg morning and night
Topomax (Topiramate)	50 mg pd	8:00 am 8:00 pm	25 mg morning and night
Ketogenic diet	5 meals	Every 2½ hours	3.5 parts fat : 1 part protein + carbs
<p>The ketogenic diet is a rigid, mathematically calculated and weighed, medically-supervised diet which is high in fat, low in carbohydrate/protein with a strictly limited calorie and fluid intake. The diet maintains a state of ketosis (usually reading 80 morning, 160 night) which has significantly reduced [child]'s seizures since hospital initiation in November 2000. [child] is given six meals per day. She is not allowed to eat any item of food or drink unless it has been pre-calculated (not even a bite of an apple), and she must eat every single gram of food or drink given to her. Even medications – eg Panodol – may have hidden carbohydrates in the form of mannitol or sobitol which should either not be used or must be calculated into the diet. Carbohydrates of any kind consumed and not calculated into the diet – especially sugar products such as lollies, cordial and fizzy drinks – would upset [child]'s level of ketosis and therefore lower her seizure threshold, putting her at risk of breakthrough seizures.</p>			

In the event of a seizure/s, I, [parent's name], authorise the management/staff/carers to follow the emergency action plan for [child] as presented on the back of this document.

Signed:

[Date]