Epilepsy Management Care Plan

|  |  |
| --- | --- |
| Name of person living with epilepsy |  |
| *Insert* | *Photo* |
| Date of Birth |  |
| Date care plan written |  |
| Date of review |  |

|  |
| --- |
| This care plan has been written by… |

|  |
| --- |
| Contact details for my epilepsy nurse are:  Specialist Epilepsy Service  3 Kimbolton Road  Bedford  MK40 2NT  Tel: 0345 602 4064  Email: elft.epilepsyservice@nhs.net |

**My details:**

My Address…………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………

My telephone number ………………………………………………………………………………………………………………

My email address……………………………………………………………………………………………………………………….

My Next of Kin (NOK) details:

I would like this person to be involved in all aspects of my care: Y/N

Relationship to me…………………………………………………………………………………………………………………….

Name………………………………………………………………………………………………………………………………………….

Address………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………..

Email…………………………………………………………………………………………………………………………………………

Telephone number…………………………………………………………………………………………………………………….

**Professionals who support me:**

|  |  |  |
| --- | --- | --- |
| Name | Role | Contact details |
|  |  |  |
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**My Epilepsy Journey and how this affects me**:

|  |
| --- |
| Please write about your own epilepsy journey ie when you were first diagnosed. How does this effect you on a daily basis? *If you are not able to write this some one can fill this on your behalf, please could they make it clear that they are writing it on your behalf.* |

**How I communicate and any additional needs I have:**

|  |
| --- |
| Please write in here if you have any communication needs/additional needs that need supporting. |

**My diagnoses ( please list all with Epilepsy at the top):**

|  |  |
| --- | --- |
| Diagnosis | Date of Diagnosis |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Allergy Status:

I do not have any known medication allergies

I do have medication allergies ……………………………………………………; Type of reaction:……………………

I do have other forms of allergy …………………………………………………; Type of reaction:……………………

**The medications I take are:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name, form and strength** | **Dose** | **Times/frequency** | **Route** | **These are for my epilepsy Y/N** |
|  |  |  |  |  |
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**My rescue medications for my epilepsy are:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name, form and strength** | **Dose** | **Times/frequency** | **Route** | **Dates of administration in the last 6 months** |
|  |  |  |  |  |
|  |  |  |  |  |

**My Seizure Types:**

1.

|  |  |
| --- | --- |
| Diagnosis/Type/date diagnosed |  |
| How do I feel before the seizure? |  |
| How I am when I have a seizure?  How long does this last for? |  |
| What help do I need during this seizure?  Do I need an ambulance during this time? |  |
| Do I take my rescue medications for this seizure? |  |
| How do I feel after a seizure? How long does this last for? |  |
| How often do these seizures happen? |  |
| Do I need an emergency care plan for this seizure? |  |

2.

|  |  |
| --- | --- |
| Diagnosis/Type/date diagnosed |  |
| How do I feel before the seizure? |  |
| How I am when I have a seizure?  How long does this last for? |  |
| What help do I need during this seizure?  Do I need an ambulance during this time? |  |
| Do I take my rescue medications for this seizure? |  |
| How do I feel after a seizure? How long does this last for? |  |
| How often do these seizures happen? |  |
| Do I need an emergency care plan for this seizure? |  |

3.

|  |  |
| --- | --- |
| Diagnosis/Type/date diagnosed |  |
| How do I feel before the seizure? |  |
| How I am when I have a seizure?  How long does this last for? |  |
| What help do I need during this seizure?  Do I need an ambulance during this time? |  |
| Do I take my rescue medications for this seizure? |  |
| How do I feel after a seizure? How long does this last for? |  |
| How often do these seizures happen? |  |
| Do I need an emergency care plan for this seizure? |  |

**Signposting:**

|  |  |  |
| --- | --- | --- |
| Service | Links | Verbally discussed and information given at initial appointment- Y/N |
| SUDEP | [www.sudep.org](http://www.sudep.org) |  |
| Epilepsy Action | [www.epilepsy.org.uk](http://www.epilepsy.org.uk) |  |
| Driving |  |  |
| Benefits |  |  |
| Bedfordshire Epilepsy Nurses Pages |  |  |
| Other |  |  |
|  |  |  |
|  |  |  |

**My goals for the next year:**

Goal:

How am I going to achieve this?