



Epilepsy Management Care Plan

Name of person living with epilepsy	
<i>Insert Photo</i>	
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



Name:

NHS No:



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



Name:

NHS No:



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



Name:

NHS No:



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

My rescue medications for my epilepsy are:

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



Name:

NHS No:

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?	



Name:

NHS No:

Signposting:

Service	Links	Verbally discussed and information given at initial appointment- Y/N
SUDEP	www.sudep.org	
Epilepsy Action	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?