



Hitchcock & Hoyle

EPILEPSY SUPPORT & MANAGEMENT FOR DSWs



Epilepsy Support & Management

Why address epilepsy?



Epilepsy is the most common neurological disorder next to stroke.

The World Health Organisation has made epilepsy one of its top ten priorities as it is seen as the most stigmatised, misunderstood and under resourced of all health conditions.

People with an intellectual disability have the highest incidence of epilepsy.

People with cerebral palsy have the second highest incidence of epilepsy.

Epilepsy is unique for each individual, a person centered approach and understanding can make the difference.

www.epinet.org.au

Truths about epilepsy



www.epinet.org.au

People living with epilepsy



www.epinet.org.au

Brain function can be temporarily disturbed by seizures



www.epinet.org.au

People living with epilepsy have different intellectual abilities and for the most have normal intelligence



People with epilepsy have no greater tendency towards violence or aggression than others do.



Epilepsy and mental illness
are not synonymous



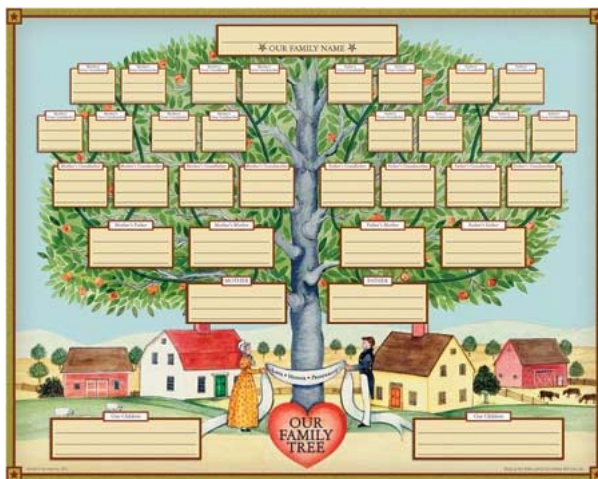
www.epinet.org.au

Seizure activity rarely causes brain damage unless
prolonged or reoccurring



www.epinet.org.au

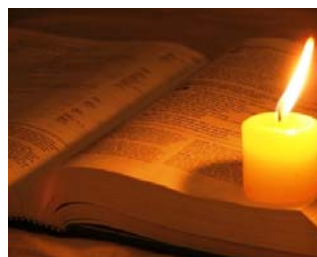
Epilepsy is not usually inherited but increasingly gene defects are being identified



60-70% of people with epilepsy who require medication gain seizure control



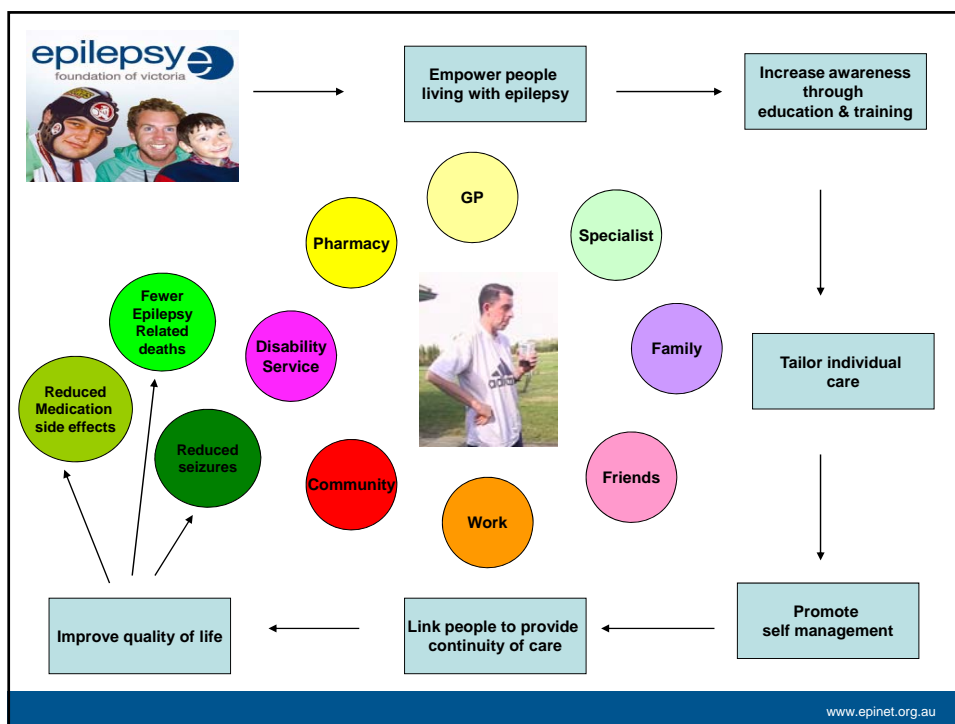
Epilepsy is not a curse it is a medical condition



People living with epilepsy should expect to live a normal happy life however sadly even in Australia this is not always the case.

We need to continue to make a difference





Seizures



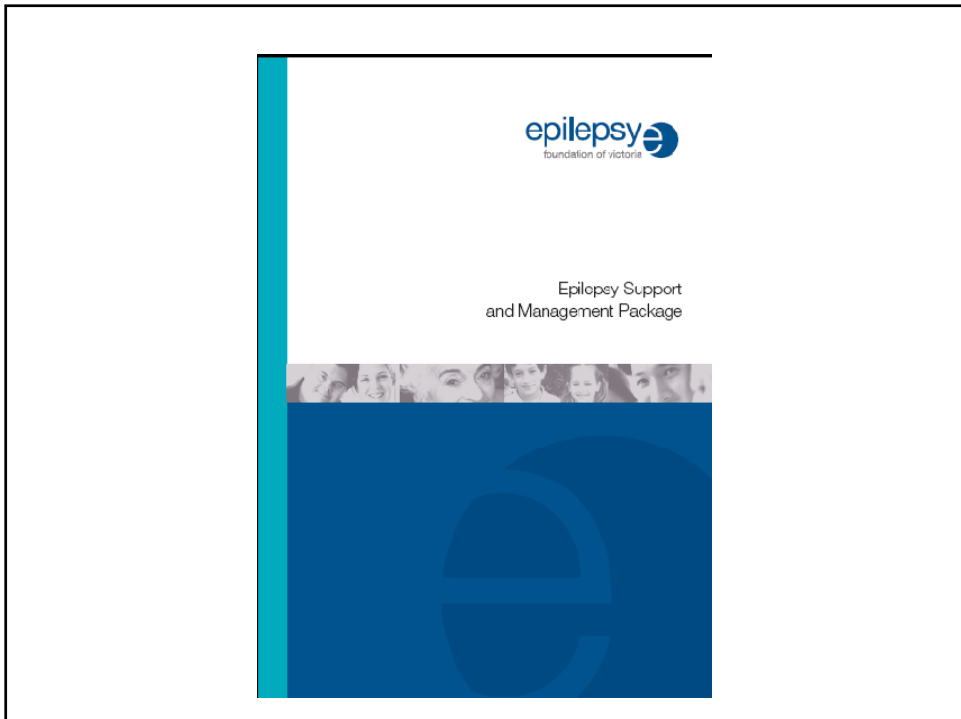
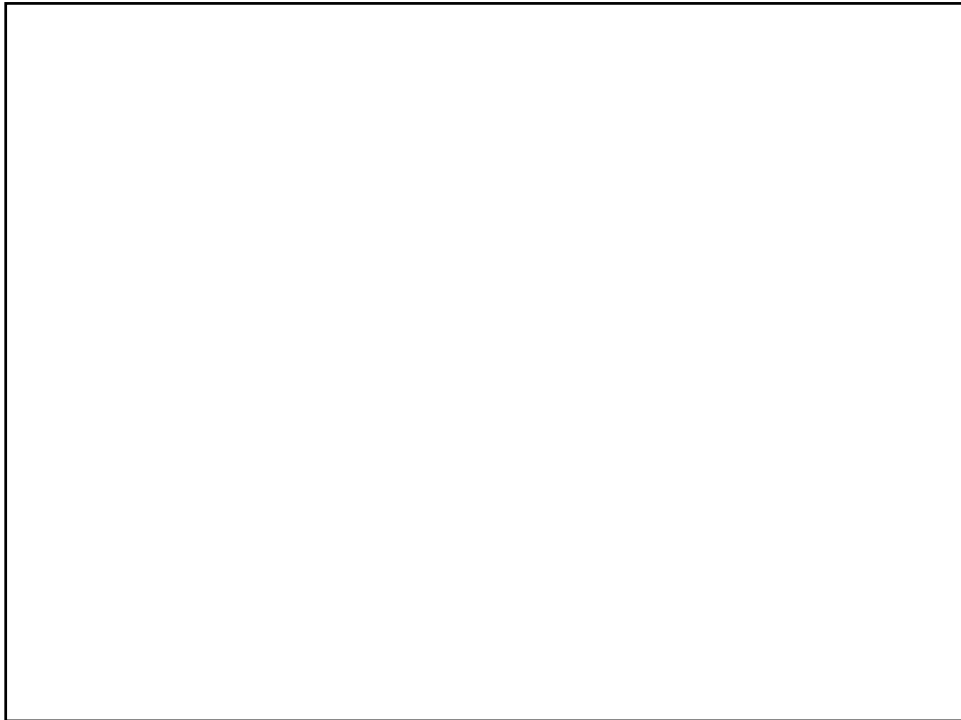
Spontaneous
Brief
Self-limiting

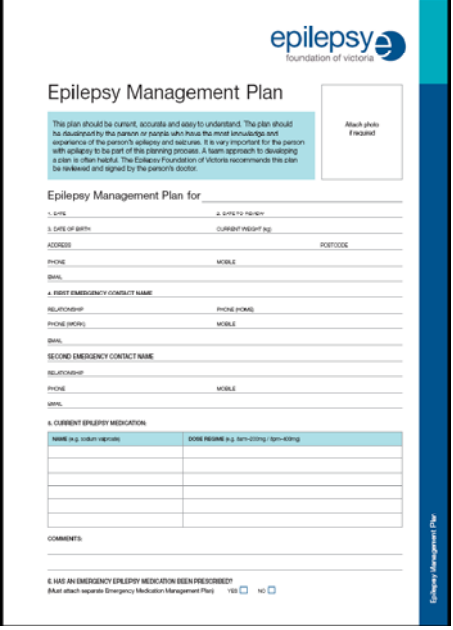
Can be many and varied and can be difficult to recognise

Clients may not be able to verbally communicate symptoms or medical history

Behavioural issues can cloud the clinical picture

Eye witness account still remains the most important form of information for diagnosis and management





Epilepsy Management Plan

The plan should be current, accurate and easy to understand. The plan should be developed by the person or people who have the most knowledge and experience of the person's epilepsy and seizures. It is very important for the person with epilepsy to be part of this planning process. A team approach to developing a plan is often helpful. The Epilepsy Foundation of Victoria recommends this plan be reviewed and agreed by the person's doctor.

Attach photo if needed


Epilepsy Management Plan for _____

1. NAME _____ 2. DATE OF BIRTH _____
3. DATE OF BIRTH _____ CURRENT HEIGHT (kg) _____
ADDRESS _____ POSTCODE _____
PHONE _____ MOBILE _____
EMAIL _____
4. FIRST EMERGENCY CONTACT NAME _____
RELATIONSHIP _____ PHONE (HOME) _____
PHONE (WORK) _____ MOBILE _____
EMAIL _____
5. SECOND EMERGENCY CONTACT NAME _____
RELATIONSHIP _____ PHONE _____
PHONE _____ MOBILE _____
EMAIL _____
6. CURRENT EPILEPSY MEDICATION

Name (eg. sodium valproate)	Dose (mg/kg e.g. 10mg/kg/day)

COMMENTS _____

7. HAS AN EMERGENCY EPILEPSY MEDICATION BEEN PRESCRIBED?
(Must attach separate Emergency Medication Management Plan) YES NO



**Emergency Medication Management Plan
Midazolam**


Attach this document to your Epilepsy Management Plan if midazolam is prescribed. This Emergency Plan should be completed by the prescribing doctor in consultation with the person and/or their family or carer. It must be attached to their epilepsy management plan which has been agreed by their doctor.

1. NAME _____ 2. DATE OF BIRTH _____
3. NAME _____ DATE OF BIRTH _____
4. CURRENT HEIGHT _____
Method of administration: Intranasal Buccal

5. First dose
First dose = _____ mg _____ ml
For single seizures:
 As soon as a _____ seizure type/seizure begins
 If the _____ (seizure type) continues longer than _____ minutes
For clusters of seizures:
 When _____ (number and type of seizures) has occurred in _____ minutes
 Other (please specify) _____

6. Second dose
Second dose = _____ mg _____ ml
 None prescribed
OR
 If the _____ seizure continues for another _____ minutes following the first dose
 If another _____ seizure occurs within _____ minutes following the first dose
 Other (please specify, including when to administer in relation to the first dose) _____

7. Total number of midazolam administrations authorised to be given in a 24-hour period = _____



Epilepsy Support and Management Plan

Person centered-
What does the client want?
What does the client know about their epilepsy?

Everyone contributes to the client's plan:
Client, support worker, family member, Dr/Specialist, others important to client.

Managers:
Ensure the client's plan is current and complete

Seizure records:
Should be maintained for all people with epilepsy and this information should be taken to medical appointments

www.epinet.org.au

Epilepsy Management Plan

- Seizure description- Detailed description of what happens before, during and after, usual duration
- Known Triggers
- Seizure management & when to call an ambulance
- Post seizure management
- List of current medications – preventative & emergency
- Emergency Medication Plan must be completed by the prescribing doctor and attached to the epilepsy plan

Emergency Medication Management Plan

- Name of Medication
- Route of Administration
- First dose - mg/ml
- For which seizure type and what time point
- Second dose if prescribed – mg/ml
- For which seizure type and what time point
- Total number of doses in 24hr period
- Describe what to do after the administration
- When to call an ambulance
- Other instructions



- Individualised support
- Information & Resources
- Advocacy
- Education & Training
- Library
- Seminars
- Seizure Clinic Support
- Support & Recreation Programs
- Research



www.epinet.org.au



818 Burke Road Camberwell VIC 3124
phone (03) 9805 9111 fax (03) 9882 7159
web www.epinet.org.au

THANK YOU



www.epinet.org.au