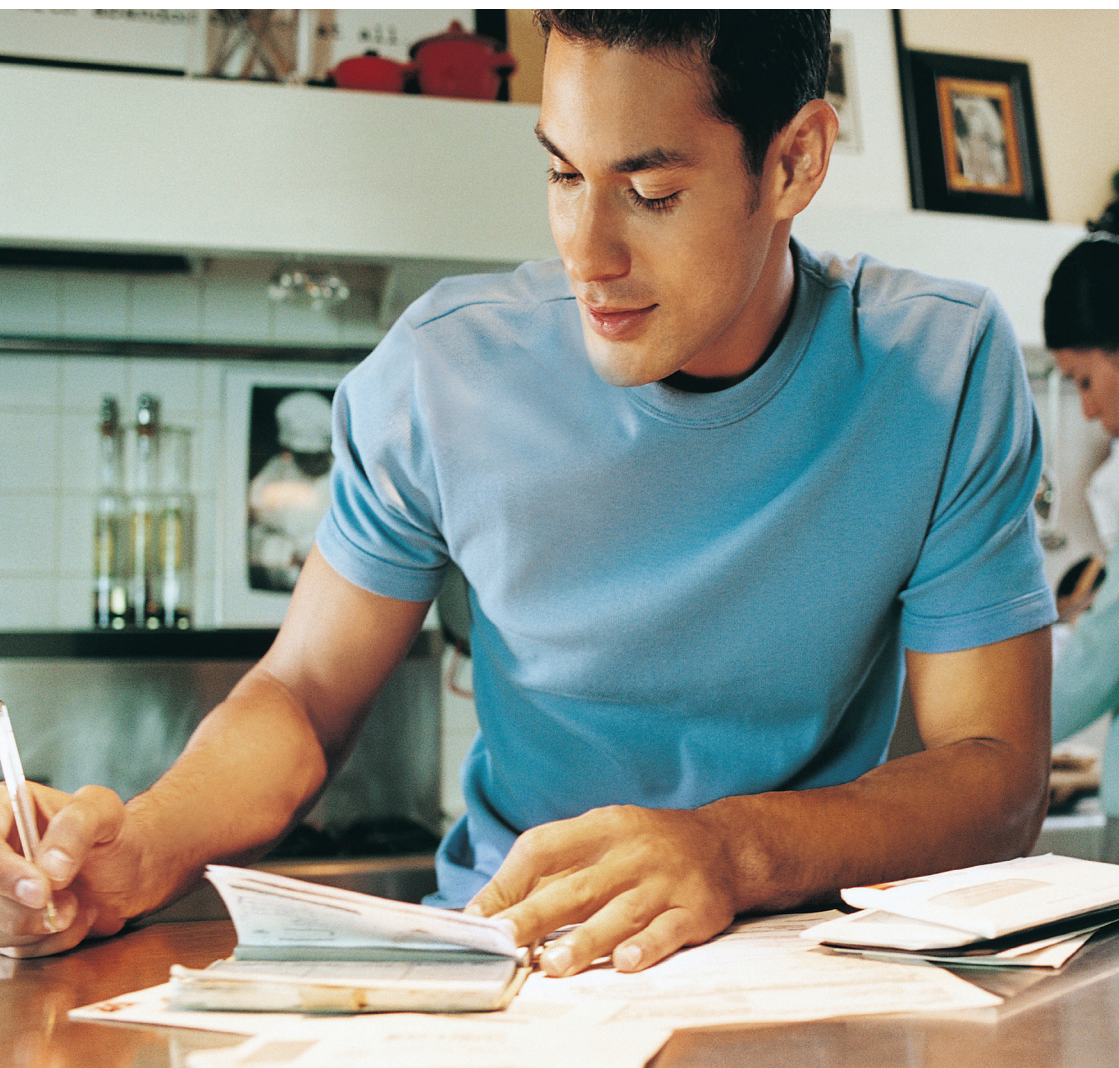


# My epilepsy care plan



# The benefits of care and support planning

## The benefits

### As a person with epilepsy, care planning can help you to:

- Understand your epilepsy better
- Get you the care and support you need to manage your seizures
- Give you the confidence to take control of your epilepsy
- Be as independent as possible
- Achieve your personal goals
- Be recognised as a partner with the professionals who manage your epilepsy

### For your carer, support planning can:

- Help them to become recognised as a partner in your care
- Give them access to information about your epilepsy and treatment
- Help them to co-ordinate the support and care you need
- Help them get support in their caring role from appropriate professionals/agencies

## How to get started

This depends on your personal situation. The first step is to speak with a professional who knows you well. This may be

- Your family doctor
- Your epilepsy nurse or learning disability nurse
- Your epilepsy specialist
- Your social worker

## Sharing your plan

You might like to share your plan with the professionals above, and also:

- Your family and friends
- Your work colleagues
- Your school or college
- Anyone else you feel needs to know

Your care plan can be shared with anyone who needs to be aware of what care and support you require to manage your seizures.

Your care plan can be used with different professionals. As it is a record of your care and treatment, it can help when you leave hospital, see doctors for other conditions or move to different services.

## Your details

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

NHS Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_

## Emergency contact details

In case of emergency, contact: \_\_\_\_\_  
\_\_\_\_\_

Contact details: \_\_\_\_\_  
\_\_\_\_\_

Their relationship to me: \_\_\_\_\_

# Your care plan

This care plan is a record of your care. It can be filled in by you and also the people involved in your care. If you don't know the answer to any of the questions you can ask your epilepsy specialist, epilepsy specialist nurse or family doctor.

## What type of epilepsy or epilepsy syndrome do you have?

## What tests have you had? Have you had any surgery for your epilepsy? Please include dates.

## How is your epilepsy being treated?

Please tick the box that describes your treatment. If you are taking epilepsy medicine it would be helpful to fill in the table (see pages 6-7). It is also useful to record any other medication you are taking for other conditions you might have. If you are having any other types of treatment please describe.

☐ Epilepsy medicine

☐ VNS

☐ Any other type of treatment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## What other health conditions do you have?

# Your medicine history:

Is there any medicine you have started taking and stopped because it didn't work or gave you side-effects?

Please fill in the table

Name of medicine	Strength of tablet or liquid	Reason stopped	Side-effects

# Your current medicines:

Name of medicine	Tick if this medicine is for your epilepsy	Strength of tablet or liquid	Number taken	What time of the day is this medicine taken?

### What happens to you in a seizure?

### How long does your seizure normally last?

### How long do you take to recover once your seizure has finished?

### What to do if your seizure lasts longer than \_\_\_\_\_

(Use this section to give instructions to others on what they should do if your seizure lasts longer than usual):

## Emergency medicine

(Please fill in this section if you have been prescribed emergency medicine.)

### How much emergency medicine should be given initially?

Can a second dose be given? Yes/No

When should 999 be dialled for emergency help if the full prescribed dose of emergency medicine fails to control the seizure?

After \_\_\_\_\_ minutes (please record as appropriate)

Other (please give details) \_\_\_\_\_

### Who needs to be told

Prescribing doctor

\_\_\_\_\_ Tel: \_\_\_\_\_

Carer

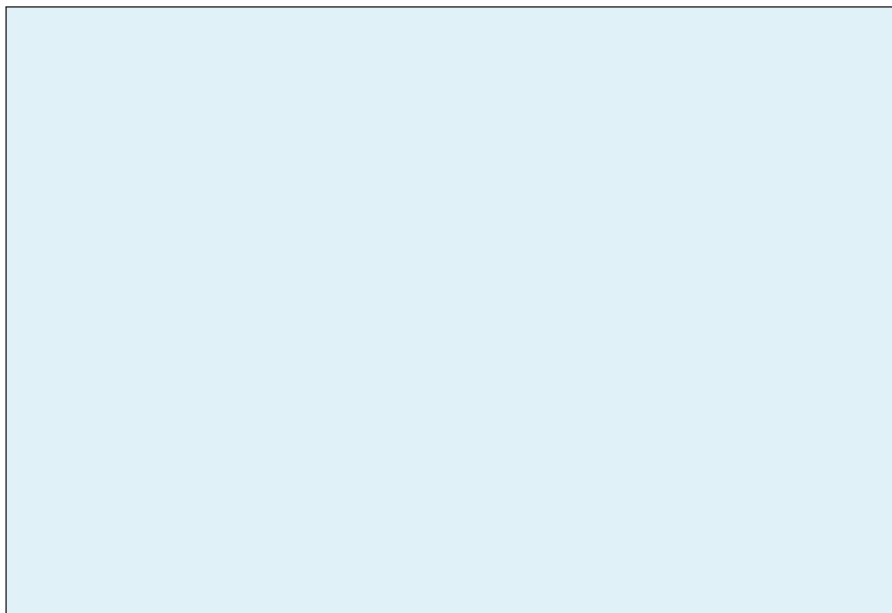
\_\_\_\_\_ Tel: \_\_\_\_\_

Other

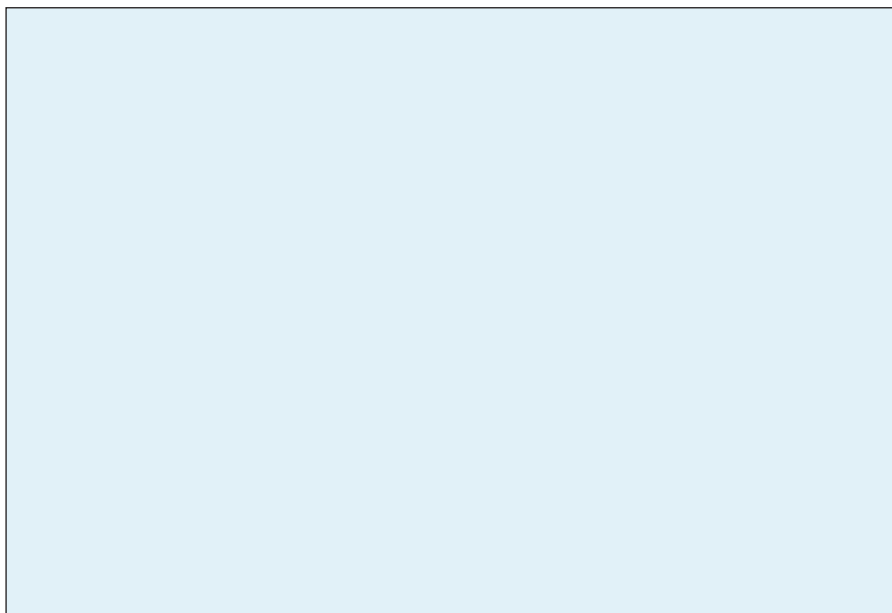
\_\_\_\_\_ Tel: \_\_\_\_\_

### Maximum dose of emergency medicine to be given in a 24 hour period:

**Is there anything that makes your seizures more likely?**

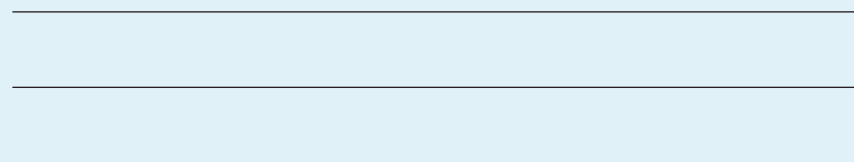


**Is there anything you need to do in your day to day life to manage your epilepsy and your safety?**

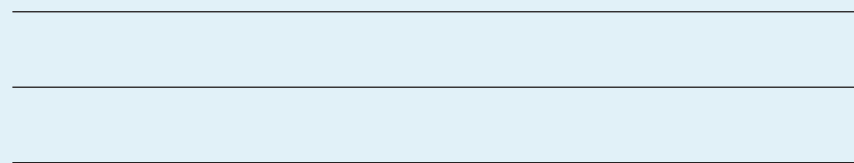


**Who is treating you and what are their contact details?**

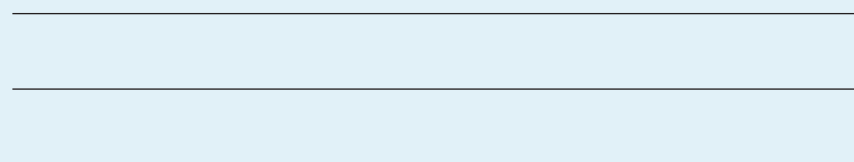
Your family doctor: \_\_\_\_\_



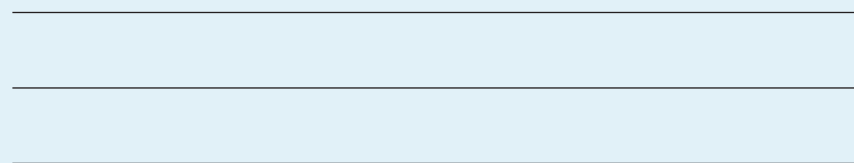
Your epilepsy nurse or learning disability nurse: \_\_\_\_\_



Your epilepsy specialist: \_\_\_\_\_



Any other: \_\_\_\_\_



# Your goals

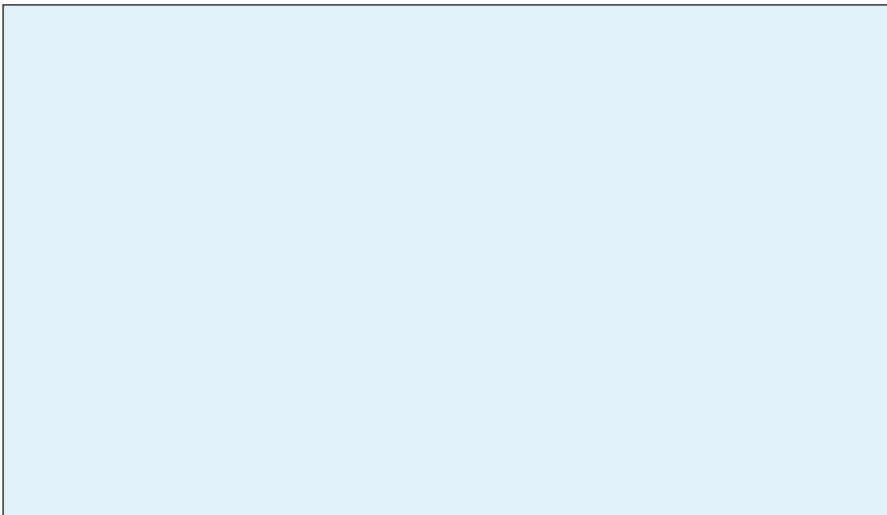
You can record your personal goals here and discuss them with your healthcare professional.

**Goal one:**

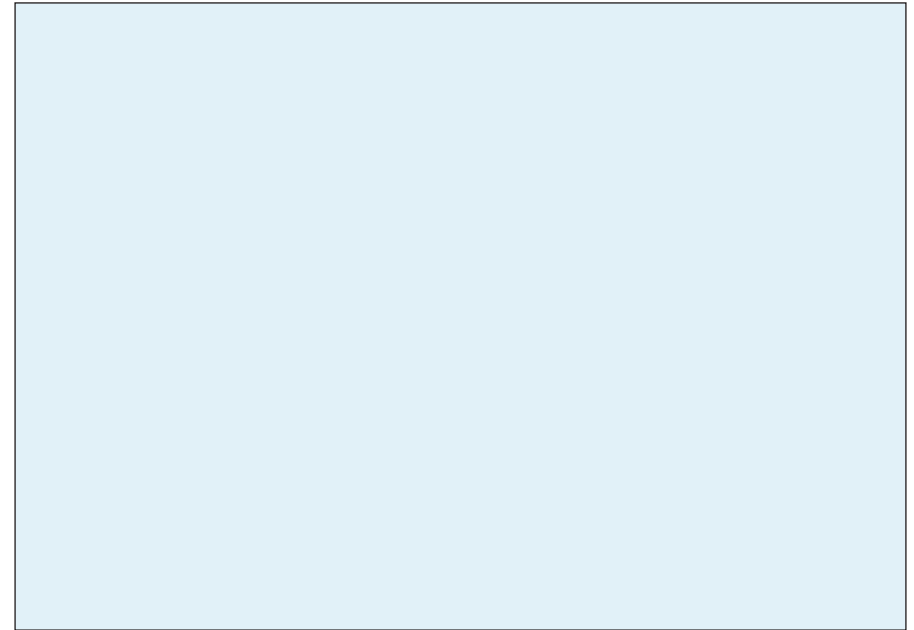
**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_



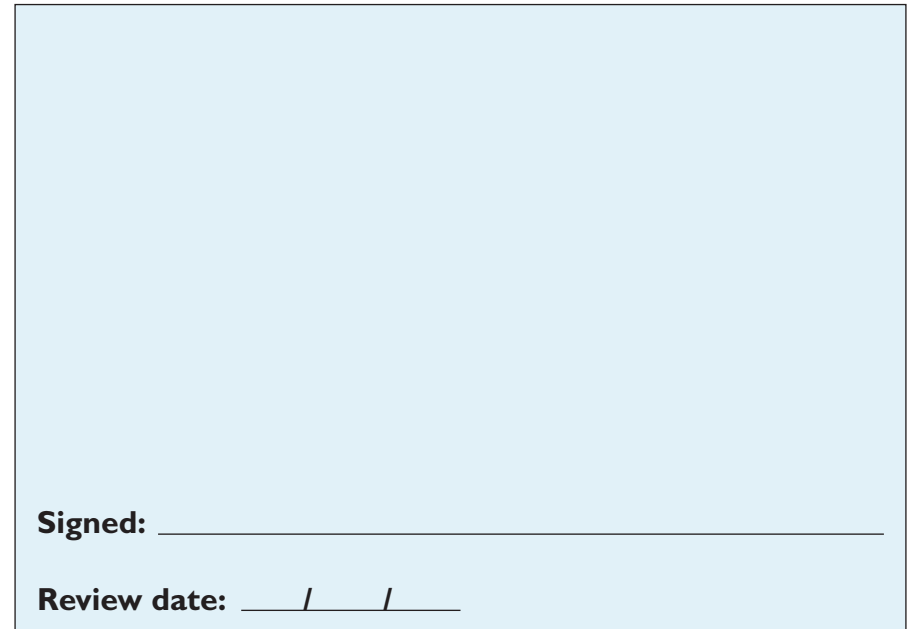
**These are the steps I will take to achieve this goal:**



**This is the support I will need and who I will need it from:**



**Progress:**



**Signed:** \_\_\_\_\_

**Review date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

You can download copies of this section from [epilepsy.org.uk/careplan](http://epilepsy.org.uk/careplan)

# Your goals

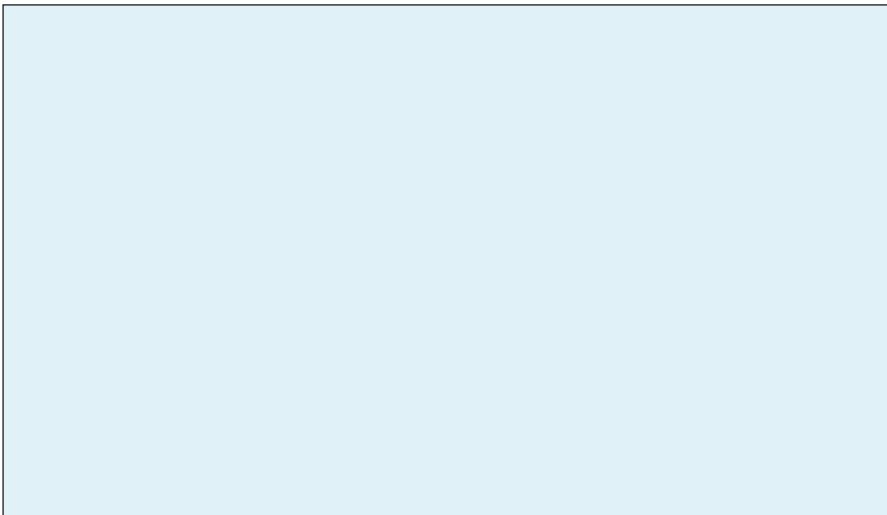
You can record your personal goals here and discuss them with your healthcare professional.

**Goal two:**

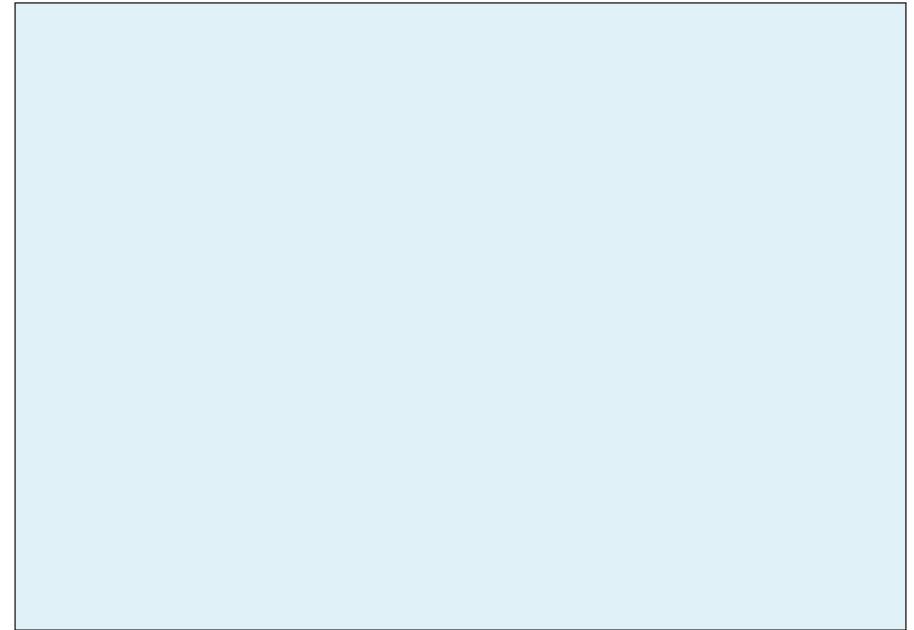
**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_



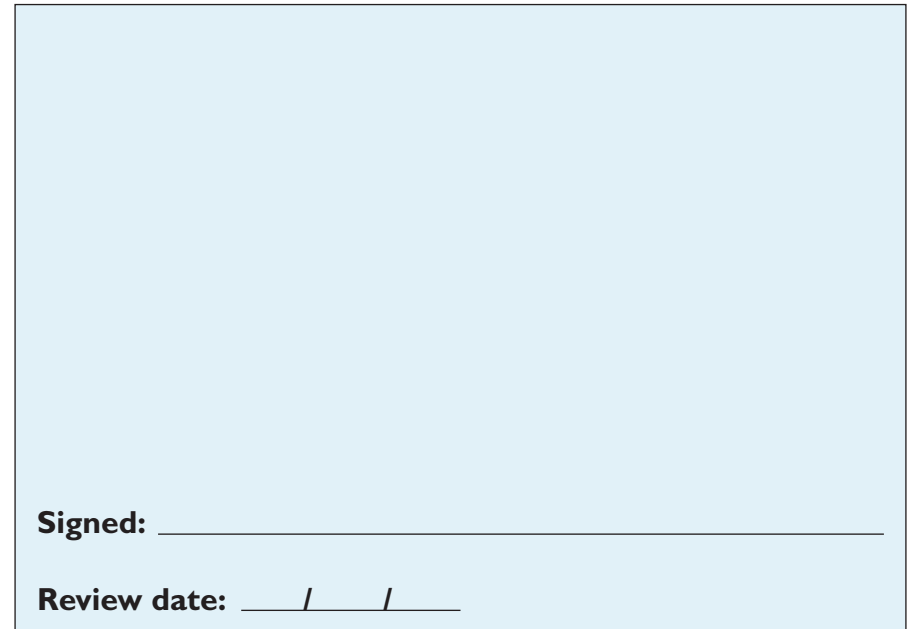
**These are the steps I will take to achieve this goal:**



**This is the support I will need and who I will need it from:**



**Progress:**



**Signed:** \_\_\_\_\_

**Review date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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BI59.02

**epilepsy** action

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Cymru

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