VERY SPECIAL kids	**Very Special Kids** **Epilepsy Management Plan**	GOLDCARE NUMBER (CLIENT ID) GIVEN NAME FAMILY NAME DATE OF BIRTH / SEX

Instructions – Use a new form if Epilepsy Management Plan has changed from previous visit or child has not stayed at VSK in the last 12 month period. Tick boxes where applicable and describe in comments box.

1. Most common seizures (describe other types of seizures over the page)

- Please describe what a seizure looks like.

Comment	

- How long do they last? (Please explain in minutes or seconds).

Comment:	

- Recent seizure activity:.

Comment:	

- Does your child have any warning before a seizure?

Yes	☐	Please describe:
No	☐	

- Do you know of any triggers to your child's seizures?

Yes	☐	Please describe:
No	☐	

- How does your child act after a seizure?

Comment:	

- What do you do with your child during a seizure?

Comment:	

- Is there any specific medication we should give during a seizure and when should we give this?

(Please provide specific instructions and refer to Medication Chart)

Comment:	

Proceed to Page 2. Do not forget to sign and date form when completed.

Form 12 Epilepsy Management Plan

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	GIVEN NAME	
	FAMILY NAME	
	DATE OF BIRTH	SEX

- Provide instructions for calling an ambulance (this should be in accordance with the family instruction on admission)

Instructions	

2. Other seizure types

- Does your child have other less frequent seizures and what do these look like?

Yes	☐	Please describe
No	☐	If No, Go to question 3

- How often do these seizures occur?

Comment:	

- What do you do with your child during these seizures?

Comment:	

3. Does your child use any of the following in epilepsy management?

- Vagal nerve stimulator
  Yes ☐ No ☐
- Use of magnet during seizures
  Yes ☐ No ☐
- Ketogenic diet
  Yes ☐ No ☐
- Test for Ketones
  Yes ☐ No ☐

If you have answered yes to any of the questions, give details below

	1st visit	2nd visit	3rd visit
Parent/Guardian Signature			
Date			
Staff Signature			
Designation			
Date signed			