

South Thames Paediatric Network Emergency Care Plan for the Management of Epilepsy seizures

This document has been developed by the South Thames Paediatric Network (STPN www.stpn.uk) Epilepsy workstream as a guide for clinical teams. This work is part of the national Epilepsy Bundles of Care programme ([NHS England » National bundle of care for children and young people with epilepsy](#)). The content has been developed following an audit of 23 guidelines currently used by clinical teams across London and South East England and discussions with Epilepsy specialists. For children with Epilepsy and complex needs a more detailed care plan may be required.

It is a NICE recommendation ([Quality statement 4: Epilepsy care plan | Epilepsies in children, young people and adults | Quality standards | NICE](#)) that local Epilepsy Service doctors and Epilepsy Nurse Specialists work with parents/carers and the child/young person to agree an emergency care plan for the management of Epilepsy seizures. We suggest that medical teams and families work together to ensure that copies of the care plan are shared with GP, Community Paediatrician, carers, education facilities, system care records e.g. ambulance service, and other people e.g. respite and voluntary organisations as appropriate. We recommend that the plan is kept to a maximum of 2 sides for easy reference during an emergency. Other care plans can be developed for educational purposes etc.

Recommended process:

1. Joint development of the Emergency Care Plan by medical teams with the family
2. **Joint agreement for cc list** (medical staff to circulate to clinical contacts, family to circulate to other relevant organisations such as voluntary groups) **Establish a robust approach of sharing with education**
3. Ensure form is signed and a copy stored in patient records
4. Plan to be reviewed annually or amend if circumstances change earlier
5. Clinical services to have a system in place to identify expired care plans and process for updating.
6. Families and carers, school staff etc are trained in Epilepsy Emergency First Aid and to give emergency medication (see links at end of document).
7. Clinical teams **should complete the** Epilepsy 12 Audit [Epilepsy12 audit | RCPCH](#). One metric record that a care plan is in place.

It is recommended that the Epilepsy service doctors and Epilepsy Nurse Specialists work with the parents/carers and child and young person to agree this plan and to ensure that copies of this plan are provided to GP, Community Paediatrician, carers.

A copy of this plan should be provided to education facility, other people e.g. respite as appropriate and a copy held in patient clinical records.

Schools Guide 2016 [London-epilepsy-guide-for-schools.pdf \(transformationpartners.nhs.uk\)](https://www.transformationpartners.nhs.uk/london-epilepsy-guide-for-schools.pdf)

update version awaiting for approval

Emergency Care Plan for the management of Epilepsy seizures for

Name:

DOB:

NHS Number:

Written by:

Date:

Title:

Signed:

Family contact
details

GP contact
details

Hospital
Epilepsy
service contact
details

Consultant:

Epilepsy Nurse Specialist:

Diagnosis

Type of Epilepsy:

Name of usual antiseizure medication(s) (do not include dosages):

Other relevant
medical
information

Allergies

**Rescue
medication**

Name:

Dosage:

N.B. No more than 2 doses of Buccolam to be given within a 24 hour period without seeking medical advice. Buccolam should only be given by parents, carers and staff who have received specific training in buccal midazolam administration (and epilepsy awareness). Staff should be approved as competent to give Buccolam.

Where different emergency medications are required individualised doses and timings can be detailed here.

Description of seizures: signs and symptoms before, during and after, including triggers	Typical duration and frequency	RECOMMENDED ACTIONS
Recommended first aid management for seizure(s)	<ul style="list-style-type: none"> • Ensure person is in a safe space, and do not move unless in danger • Follow First Aid seizure advice • Do not restrain or restrict person's movements • Monitor and record seizure activity and duration • Stay with the person providing reassurance until fully recovered 	
Phone 999	<ul style="list-style-type: none"> • As advised above in recommended actions and/or • if seizure lasts more than 5 minutes or if at any stage further assistance is needed • If the seizure continues after buccal midazolam has been administered • If there are any breathing concerns or serious injury due to the seizure • If there are more than 3 convulsive seizures within 30 minutes • If after the seizure there are concerns with recovery 	
Reminder to cc	Patient, parents, GP, Community Paediatrician, carers, education facility, other people e.g. respite as appropriate and to hold a copy in patient clinical records.	

<p>Useful websites for resources for general information about Epilepsy, training for parents and schools, first aid, medicines, safety and risk</p>	<p>Epilepsy Action schools training: Epilepsy training - Epilepsy Action Young Epilepsy: Emergency medication Guide for schools Young Epilepsy Medicines for children: www.medicinesforchildren.org.uk Administering Buccolam (Midazolam Oromucosal Solution) Leaflet: buchow2.pdf (neuraxpharm.com) Video (Note: Current video states 10 minutes until ambulance called, national guidance is for 5 minutes): static.neuraxpharm.com/wp-content/uploads/sites/19/2021/10/23144331/nxuk-buccolam-midazolam-admin-video-hcp-2023.mp4 South East Thames Paediatric Epilepsy Group: Parents/Carers South East Thames Paediatric Epilepsy Group (setpeg.net) How to reduce the risk of sudden unexpected death in epilepsy - https://sudep.org/about-research/sudep-and-seizure-safety-checklist/</p>
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