



Government of South Australia

Seizure Management Plan

for education and care settings

CONFIDENTIAL

HSP340

This form can be completed by parent or guardian (without specialist paediatrician or neurology input) where the seizure is managed by [standard seizure first aid](#) and midazolam is **NOT** prescribed. **Seizure management plans that are modified, overwritten or illegible will NOT be used.**

The **specialist paediatrician, neurologist or neurology nurse consultant section** must be completed where

- Midazolam has been prescribed for any seizure type (an [Emergency Medication Management Plan](#) must be completed)
- Any seizure type requires a non-standard first aid response
- Parent or guardian requires support to complete this form

This information is confidential and will be available only to relevant staff and emergency medical personnel.

Name of child/young person:

Date of birth:

Education or care service:

Education or care service email:

Date:

SEIZURE MANAGEMENT	
Seizures are managed by standard seizure first aid	<input type="checkbox"/> YES <input type="checkbox"/> NO (Non-standard first aid response must be documented in the 'Support during and after seizure' section and the 'Specialist paediatrician or neurologist' section must be completed)
Seizure management includes administration of midazolam	<input type="checkbox"/> YES (Emergency Medication Management Plan must be completed and the 'Specialist paediatrician or neurologist' section must be completed) <input type="checkbox"/> NO

TRIGGERS AND WARNING SIGNS	
Known triggers (ie illness, elevated temperature, flashing lights)	
Warning signs (ie sensations)	

SEIZURE TYPE	OBSERVATIONS DURING SEIZURE	SIGNS SEIZURE IS STOPPING
TONIC CLONIC <input type="checkbox"/> Midazolam prescribed? <input type="checkbox"/> YES <input type="checkbox"/> NO Standard seizure first aid? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Not responsive	<input type="checkbox"/> Last 1-3 minutes
	<input type="checkbox"/> May fall down and/or cry out	<input type="checkbox"/> Stops suddenly
	<input type="checkbox"/> Body becomes stiff (tonic)	<input type="checkbox"/> Stops gradually
	<input type="checkbox"/> Jerking of arms and legs (clonic)	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> Excessive saliva	
	<input type="checkbox"/> May be red or blue in the face	RECOVERY TIME
	<input type="checkbox"/> May lose control of bladder and/or bowel	How long does recovery take if the seizure isn't long enough to require midazolam? (specify)
	<input type="checkbox"/> Tongue may be bitten	BEHAVIOUR FOLLOWING SEIZURE
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Confusion and deep sleep (may be hours)
		<input type="checkbox"/> May have headache
	<input type="checkbox"/> Other (specify)	
SUPPORT DURING AND AFTER SEIZURE		
(details)		

SEIZURE MANAGEMENT PLAN

Health Support Planning

SEIZURE TYPE	OBSERVATIONS DURING SEIZURE	SIGNS SEIZURE IS STOPPING	
ABSENCE <input type="checkbox"/> Midazolam prescribed? <input type="checkbox"/> YES <input type="checkbox"/> NO Standard seizure first aid? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Vacant stare or eyes may blink or roll up	<input type="checkbox"/> Last 5-10 seconds	
	<input type="checkbox"/> Impaired awareness (may be seated)	<input type="checkbox"/> Stops suddenly	
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Stops gradually	
		<input type="checkbox"/> Other (specify)	
	SUPPORT DURING AND AFTER SEIZURE		RECOVERY TIME
	(details)		How long does recovery take if the seizure isn't long enough to require midazolam? (specify)
BEHAVIOUR FOLLOWING SEIZURE			
<input type="checkbox"/> Instant recovery			
<input type="checkbox"/> No memory of the event			
<input type="checkbox"/> Other (specify)			

SEIZURE TYPE	OBSERVATIONS DURING SEIZURE	SIGNS SEIZURE IS STOPPING
FOCAL WITH AWARENESS <input type="checkbox"/> Midazolam prescribed? <input type="checkbox"/> YES <input type="checkbox"/> NO Standard seizure first aid? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Staring, may blink rapidly	<input type="checkbox"/> Last 1-3 minutes
	<input type="checkbox"/> Remains conscious	<input type="checkbox"/> Stops suddenly
	<input type="checkbox"/> Able to hear	<input type="checkbox"/> Stops gradually
	<input type="checkbox"/> May not be able to speak	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> Jerking of parts of the body	
	<input type="checkbox"/> May experience sensations that aren't real: sounds, flashing lights, strange taste or smell, 'funny tummy' or may just have a headache. (These are sometimes called an aura and may lead to other types of seizures).	RECOVERY TIME
<input type="checkbox"/> Other (specify)	How long does recovery take if the seizure isn't long enough to require midazolam? (specify)	
BEHAVIOUR FOLLOWING SEIZURE		
<input type="checkbox"/> Rapid recovery		
<input type="checkbox"/> Other (specify)		
SUPPORT DURING AND AFTER SEIZURE		
(details)		

SEIZURE TYPE	OBSERVATIONS DURING SEIZURE	SIGNS SEIZURE IS STOPPING	
FOCAL WITHOUT AWARENESS <input type="checkbox"/> Midazolam prescribed? <input type="checkbox"/> YES <input type="checkbox"/> NO Standard seizure first aid? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Staring and unaware	<input type="checkbox"/> Stops suddenly	
	<input type="checkbox"/> Eyes may jerk	<input type="checkbox"/> Stops gradually	
	<input type="checkbox"/> May talk, remain sitting or walk around	<input type="checkbox"/> Toward the end of the seizure, may perform unusual activities, eg chewing movement, fiddling with clothes (called automatisms)	
	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	
	SUPPORT DURING AND AFTER SEIZURE		RECOVERY TIME
	(details)		How long does recovery take if the seizure isn't long enough to require midazolam? (specify)
BEHAVIOUR FOLLOWING SEIZURE			
<input type="checkbox"/> Confused and drowsy			
<input type="checkbox"/> May sleep			
<input type="checkbox"/> Other (specify)			

SEIZURE TYPE	OBSERVATIONS DURING SEIZURE	BEHAVIOUR FOLLOWING SEIZURE
MYOCLONIC <input type="checkbox"/>	<input type="checkbox"/> Remains conscious	<input type="checkbox"/> (specify)
	<input type="checkbox"/> Sudden jerk	
	<input type="checkbox"/> May recur many times	
	<input type="checkbox"/> Other (specify)	
SUPPORT DURING AND AFTER SEIZURE		
(details)		
Standard seizure first aid? <input type="checkbox"/> YES <input type="checkbox"/> NO		

SEIZURE TYPE	OBSERVATIONS DURING SEIZURE	BEHAVIOUR FOLLOWING SEIZURE
ATONIC (Drop attack) <input type="checkbox"/>	<input type="checkbox"/> Muscles become weak or limp	<input type="checkbox"/> (specify)
	<input type="checkbox"/> may drop to ground if standing	
	<input type="checkbox"/> Other (specify)	
SUPPORT DURING AND AFTER SEIZURE		
(details)		
Standard seizure first aid? <input type="checkbox"/> YES <input type="checkbox"/> NO		

AUTHORISATION AND AGREEMENT		The Seizure Management Plan has been developed for use in the following settings:	
<input type="checkbox"/>	Children's centre, preschool or school	<input type="checkbox"/>	Childcare, Out of School Hours Care
<input type="checkbox"/>	Camps, excursions, special event, transport (incl. aquatics)	<input type="checkbox"/>	Work experience or other education placement
<input type="checkbox"/>	Respite, accommodation	<input type="checkbox"/>	Work
<input type="checkbox"/>	Transport	<input type="checkbox"/>	Other (specify)

Parent, guardian or adult student	
<ul style="list-style-type: none"> I approve the release and sharing of this information to supervising staff and emergency medical staff (if required) I understand education and care staff may seek additional information and/or advice regarding the medical information contained in the Seizure Management Plan from the treating health professional, epilepsy specialist or Access Assistant Program (AAP) to inform the duty of care 	
(name)	(relationship)
(email or signature)	(date)

REVIEW			
This seizure management plan remains current until superseded due to different management being required. Parent/ guardian/ adult student to sign every 12 months that this continues as the current plan.			
Date	Name	Relationship	Email or Signature
(date)	(name)	(relationship)	Email or signature
(date)	(name)	(relationship)	Email or signature
(date)	(name)	(relationship)	Email or signature

Specialist paediatrician, neurologist, neurology nurse consultant or treating health professional	
This section must be completed by a specialist paediatrician, neurologist, neurology nurse consultant or treating health professional where:	
<ul style="list-style-type: none"> Midazolam has been prescribed for any seizure type (an Emergency Medication Management Plan must be completed) Any seizure type requires a non-standard first aid response (details of non-standard response must be included in support during and after seizure section) Parent or legal guardian requires support to complete this form 	
(name)	(relationship)
(email or signature)	(date)
<input type="checkbox"/> I agree to being contacted by education and care staff to provide assistance and advice to support the safe and effective implementation of the seizure management plan.	