**Individual healthcare plan (IHP) - Epilepsy (without rescue)**

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| **Pupil’s Name:**  **Date of Birth:**  **Address:** |  |
| **Nursery/School/College:** |  |

**Emergency Family Contact**

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| **Name:** | **Relationship:** | **Contact details:** |
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**Consultant/Hospital Contact:**

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| **Consultant Paediatrician:** | **Paediatric Epilepsy Specialist Nurses:**  Children’s Community Team – Manchester.  Charlestown Road, Blackley. |
| Tel No: | Tel No: 0161 741 2032 |

**Details of epilepsy/seizure syndrome (Delete as appropriate)**

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| **Focal seizures:**  Start in one part of the brain.  It depends on where in the brain the seizure starts what the person experiences.  The person can be aware and conscious throughout the seizure.  If the seizure spreads out of the area slightly, the person may become confused and have some loss of awareness.  Focal seizures can spread to both sides of the brain and the person will experience a tonic clonic seizure.  **Bilateral / Generalised tonic clonic seizures:**  Usually begin with stiffening of the muscles (called the tonic phase).  Air being forced past the vocal cords can cause a groan or cry.  The tongue or cheek may be bitten – causing blood-stained saliva.  Breathing can be temporarily impaired, and may look pale and blue in the face.  Rhythmical jerking movements (may be on one side of the body or both sides.  The arms, legs and face may begin to jerk quickly and repeatedly.  The person may lose control of their bladder or bowel.  Most seizures will be self-limiting and resolve independently within 5 minutes.   * **Myoclonic jerks:** Brief, sudden muscle jerk. single event and/or clusters. * **Absences:** Brief lapse of awareness, single event and/or clusters. * **Atonic:** Loss of tone, sudden fall to the ground, single event and/or clusters. * **Tonic:** Stiffening of limbs causing the person to drop to the floor, single   event and/or clusters. |

**Seizure description (what happens before, during and after, frequency, duration):**

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| **Before:**  **During:**  **After:**  **Duration:** |

**Common seizure triggers:**

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| Tiredness/late nights  Stress  Illness  Missed medication |

**Common side effects of medication:**

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| Diarrhoea and vomiting (will usually settle over time)  Abdominal pain  Changes in mood  Changes in appetite (increase or decrease)  Poor concentration and/or memory loss  Confusion  Disorientation  Tiredness  Changes in behaviour  See Medicine for Children [www.medicineforchildren.org.uk] for specific side effects on specific medication |

**Activities and support that require special precautions (to support medical, educational, social, and emotional needs) :**

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| Ensure school staff are aware of the diagnosis of epilepsy and have the relevant knowledge and first aid skills to maintain a safe learning environment  Ensure staff access epilepsy training  Provide pupil with a private, quiet place to recover  Ensure pupil is well hydrated, extra fluids should be offered throughout the day  Repeat instructions throughout the day to ensure the pupil has not missed anything  Swimming should be supervised by some who knows them, the lifeguard should be informed that the pupil has seizures  Road safety should be always adhered to  Free climbing should be avoided, organised climbing with safety equipment is preferred if this activity is undertaken  Roads should be avoided when cycling and safety equipment (helmet) should be worn at all times  The pupil should not be restricted or prevented to participate in any activity their peer’s access |

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| **First Aid:**   |  | | --- | | **Do:**  bd10265_ Stay calm  bd10265_ Loosen any tight clothing around the neck   * Protect the pupil from injury (remove sharp or hard objects from nearby or guide them away from danger if possible) * Cushion the pupil’s head if they fall * Aid breathing by gently placing the pupil on their side if they have fallen, after the seizure has stopped   bd10265_ Stay with a pupil until they are fully recovered  bd10265_ Constantly reassure the pupil throughout the seizure  bd10265_ If the pupil does not recover after 5 minutes dial 999  **Don’t:**   * Try to restrain the pupil having the seizure * Put anything in the pupil’s mouth or force between their teeth   bd10265_ Try to move the pupil unless they are in danger   * Give the pupil anything to drink until they are fully recovered | |  | |
| **What constitutes an emergency for the pupil and the action to be taken if this occurs:**   |  | | --- | | It is a medical emergency if a convulsive seizure lasts for more than 5 minutes and an ambulance must be called.  An ambulance should also be called if an injury is sustained during the seizure, has breathing difficulties, or inhales water. | | |
| **Arrangements for trips**   |  | | --- | | * Ensure staff are trained in epilepsy and first aid * Consider school risk assessment * Liaise with Epilepsy team to discuss specific support around individual trips/activities * Ensure mobile phone is fully charged, readily to hand and emergency contacts details are available * Parents should not attend school trips to support their own child | | |
| **Transition:**  Discussion around the transition from children to adult services   |  | | --- | | **Ready (around 11-13years)**  You are introduced to what transition is and are asked to start talking about the support that you and your family are likely need along the way within each health service | | **Get steady (around 14-15 years)**  The health services involved in your care work together with you and your family to identify your or your family member’s future health needs. We help you to become more confident and independent at managing them | | **Prepare to go (around 16-18 years)**  In this stage each service reviews your health needs with you and transfers your care to the various adult health services that you need. The exact age at which your care is transferred will vary for different services |   I understand that it is my responsibility to inform staff is there are any changes to the care plan that have been advised by the Epilepsy Team (i.e.change to dose or no longer required).  I understand that it is the judgment of the trained member of staff to follow the healthcare plan and accept their decisions are made with the child’s best interest, to maintain their safety whilst in attendance in nursery/school/college/respite/child minder.  **Parent/Guardian Consent:**   |  |  | | --- | --- | | **Signature(s):** |  | | **Date:** |  | |  | |
| **This plan has been agreed by:**   |  |  |  | | --- | --- | --- | |  |  | Signature and date | | **Epilepsy Specialist Nurse:** |  |  | | **Parent/Guardian:** |  |  | | **Education Staff Member:** |  |  | |  | |
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