

**EPILEPSY CARE PLAN FOR CARE HOMES**

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| **TARGET AUDIENCE** | Care Homes |
| **PATIENT GROUP** | Adults with epilepsy and seizure disorders |

**Summary**

Seizures are not uncommon in the care home setting as frail elderly residents or residents with dementia often have severe degenerative or cerebrovascular changes in the brain. Some care homes look after residents with alcohol-related brain damage or residents with brain injury and both of these groups are more likely to suffer from seizures.

The aim of this guideline is to provide documentation which allows care homes to plan and record the care of their residents with seizures, with clear guidance on escalation in event of emergency, as well as trigger for annual review.

The document contains a Risk Assessment guide for new and existing patients, an Epilepsy Care Plan to be completed at diagnosis or admission, Rescue Medication Protocol and Seizure Charts.

An annual review should take place for all patients and be documented in the care home record. This should be shared with the GP.

# Epilepsy Care Plan for Care Homes

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**Risk Assessment**

In caring for residents with epilepsy, care homes should be aware of risks in the residents’ environment. The following describes the key risks in each area within the care home. Some of these risks also apply to residents at risk of falls. Some of the aspects of risk management will be covered by disability discrimination legislation and by health and safety legislation as these apply to care homes.

The Care Inspectorate has produced the document Care home resident falls and fracture risk/intervention tool which may also be considered (Appendix C)

Further information can be obtained from the Epilepsy Society document ‘[Staying safe with epilepsy](https://www.epilepsyscotland.org.uk/wp-content/uploads/2021/07/Staying-safe-with-epilepsy.pdf).’

|  |  |
| --- | --- |
| Stairs | Use ramps or lifts, rather than stairs  Ensure residents do not have unsupervised access to staircases |
| Radiators | Use radiator covers or guards without sharp edges |
| Doors and Windows | Use of safety glass  Use of round door handles |
| Dayrooms and Dining Rooms | Use of shatter-proof crockery and cutlery  Plastic furniture edges on sharp corners.  Consider photosensitivity. This affects only 5% of adults with epilepsy and is usually diagnosed in childhood. To reduce seizure risk in those with photosensitivity as a seizure trigger ensure resident does not sit close to TV, ensure room is well-lit, consider use of modern technology such as LD/OLED/LCD TVs. Avoid programmes with flashing lights. Adults without this trigger need not take precautions. (See Appendix D for further information) |
| Bedroom | Consider assistive technology for night-time seizures  Padded bed sides are available to help prevent injuries during a seizure, however, these should be considered with care as it is possible limbs to be trapped  Consider low level bed |
| Bathroom | Having a shower in general is safer than a bath as it reduces the risk of drowning  Consider detailed risk assessment for use of bath and ensure supervision at all times, in shallow water, taking measures to ensure dignity is preserved as much as possible.  Cover taps with folded towels  Locks that can be opened from the outside, or an 'Engaged' sign on the door instead of a lock for easy access.  Consider slip resistant mat in shower to prevent injury in case of seizure. |
| Garden | Use ramps rather than steps  Screen off steep edges or deep ponds  Use bark chippings rather than concrete or gravel |

**Care Homes Epilepsy Care Plan**

**Patient Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | CHI Number |  |
| Diagnosis |  | Date of Diagnosis |  |

**Date Plan Completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| Compiled by (Give names of all who have contributed – include the person, family, carers, healthcare professionals) |  | Name | Job Title |
| 1. |  |  |
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**This care plan should be review annually and sections updated as required. See page 13 for review dates.**

|  |  |
| --- | --- |
| Type of Epilepsy Care (GP only, Shared Care or Specialist only) |  |
| Name of Doctor |  |
| Hospital/Clinic if Specialist |  |

**Seizure Classification**

**TYPE A**

|  |
| --- |
| **Classification** |
|  |
| **Known triggers** |
|  |
| **Known aura/warning signs prior to seizure** |
|  |
| **Description of seizure** |
|  |
| **Duration of seizure** |
|  |
| **Support required during seizure** |
|  |
| **Describe usual recovery and length** |
|  |

**TYPE B (if required)**

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| --- |
| **Classification** |
|  |
| **Known triggers** |
|  |
| **Known aura/warning signs prior to seizure** |
|  |
| **Description of seizure** |
|  |
| **Duration of seizure** |
|  |
| **Support required during seizure** |
|  |
| **Describe usual recovery and length** |
|  |

**TYPE C (if required)**

|  |
| --- |
| **Classification** |
|  |
| **Known triggers** |
|  |
| **Known aura/warning signs prior to seizure** |
|  |
| **Description of seizure** |
|  |
| **Duration of seizure** |
|  |
| **Support required during seizure** |
|  |
| **Describe usual recovery and length** |
|  |

**TYPE D (if required)**

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| **Classification** |
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| **Known triggers** |
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| **Known aura/warning signs prior to seizure** |
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| **Description of seizure** |
|  |
| **Duration of seizure** |
|  |
| **Support required during seizure** |
|  |
| **Describe usual recovery and length** |
|  |

**Anti-convulsant Medication including Rescue Medication**

*Please consider appending MARS sheet/clinic letter to avoid transcription error*

|  |  |  |  |
| --- | --- | --- | --- |
| Anticonvulsant & formulation | Dose | Route | Time |
|  |  |  |  |
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***RESCUE MEDICATION*** *Please append protocol if available (page 12)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medication & formulation | Route | Dose | Max Daily | Where is medication stored? | Is there a protocol in place? |
|  |  |  |  |  |  |
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***DRUG ALLERGIES***

|  |  |
| --- | --- |
| Medication | Side effect |
|  |  |
|  |  |

**Management of Tonic-Clonic Seizures**

**1. Note time**

**2. Ensure safe environment and freedom of movement. Only move patient if in immediate danger. If possible, cushion head.**

**3. Remain with patient and observe throughout- monitor and record seizure duration.**

**4. Allow seizure to subside and observe for signs of recovery.**

**5. On recovery, consider placing patient on their side if practical.**

**6. If no signs of recovery at 5 minutes, follow ‘Protocol for administration of rescue medication.’**

**7. Record in epilepsy care plan.**

**Protocol for Administration of Rescue Medication**

*Append secondary care protocol if available*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | Chi Number |  |
| Name of drug, strength and by which route? | |  | | |
| When should rescue medication be given? | |  | | |
| How much should be given? | |  | | |
| When should a second dose be given? | |  | | |
| How much should be given for the 2nd dose? | |  | | |
| When should emergency assistance be sought? | |  | | |
| What emergency action should be taken? | |  | | |
| For non-emergency medical advice, contact | | GP or NHS 24 out of hours service – 111 | | |

**Do not give more than …………....mg of …………………………… in ………… hours, or …………... mg in 24 hours unless directed by the doctor.**

This Protocol has been authorised by

|  |  |
| --- | --- |
| General Practitioner/Neurology team |  |
| Date |  |
| Review date (no later 12 months) |  |

**Care Plan Review**

This care plan should be reviewed 12 monthly. Please complete Care Plan, Management of Seizures or Protocol for Administration of Rescue Medication if new changes.

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| **Date** | **Comments** | **Reviewed by** |
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|  | **Type Of Seizure** |
| **A** |  |
| **B** |  |
| **C** |  |
| **D** |  |

**Seizure Record**

**Month/Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| DATE | TIME | SEIZURE TYPE | DURATION | RESCUE MEDICATION? | ADDITIONAL COMMENTS (see appendix A) |
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**Yearly Seizures At A Glance**

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| --- | --- |
|  | **Type Of Seizure** |
| **A** |  |
| **B** |  |
| **C** |  |
| **D** |  |

**YEAR\_\_\_\_\_\_\_\_\_**

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**Appendix A**

***Aide Memoir for Completing Seizure Record***

**Aura / Warning**

**o Did the person report any unusual sensations in their abdomen or elsewhere?**

**o Did they report any odd tastes or smells / seeing colours or flashing lights?**

**o Did they appear fearful or report intense feelings of fear / dread?**

**o Was the person seen to try and make themselves safe e.g. sitting down?**

**o Did the seizure happen without warning?**

**Seizure**

**o Was there any automatic behaviour e.g. fumbling with clothes, wandering about, rearrange items, undressing, plucking, grimacing?**

**o Were any mouth movements observed, lip smacking, spitting, repeated swallowing?**

**o Did the person respond appropriately to direct questions or was the response vague, incoherent, nonsensical or unable to talk?**

**o Was consciousness impaired or completely lost?**

**o Did head turn to right or left?**

**o Did the person fall – if so which way?**

**o Did they slump or were they stiff?**

**o Did the body stiffen, jerk and if so which parts?**

**o Did the person tremble, or go floppy / lie still?**

**o Were the eyes closed or open, if open, were they turned to right or left?**

**o Was the breathing altered, fast shallow breaths or snorting and gasping?**

**o Was there any change in colour e.g. pale, flushed?**

**o Was there any blueness to lips, face, hands / finger tips?**

**o How long did it last?**

**o Was the person incontinent of urine / faeces?**

**o Was the tongue bitten, which side / area?**

**o Was there excess saliva?**

**o Was there any injury associated with the seizure?**

**Recovery**

**o What was the recovery period like?**

**o Were they confused / sleepy?**

**o How long before person returned to their usual self?**

**Appendix B**

**Example of Seizure Record**

**Seizure Record**

|  |  |
| --- | --- |
|  | **Type Of Seizure** |
| **A** | **Tonic clonic** |
| **B** | **Myoclonic Jerks** |
| **C** | **Complex partial** |
| **D** |  |

**Month/Year\_\_\_\_\_\_*June 22\_\_\_\_\_\_\_\_\_\_***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATE | TIME | SEIZURE TYPE | DURATION | RESCUE MEDICATION? | ADDITIONAL COMMENTS (see appendix A) |
| 1 |  |  |  |  |  |
| 2 | *1404* | *A* | *3 min* | *No* | *Started in shower, tummy pain, tongue bitten. Recovery 1 hour* |
| 3 |  |  |  |  |  |
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| 9 |  |  |  |  |  |
| 10 | *1835* | *B* | *10 seconds* | *No* | *Had been sleeping in lounge* |
| 11 |  |  |  |  |  |
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| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 | *1415* | *C* | *2 minutes* | *No* | *Using commode, quick recovery* |
| 18 |  |  |  |  |  |
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**YEAR\_\_\_\_\_\_*2022\_\_*\_**

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| **DAY** |
| **NIGHT** |

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|  | **Type Of Seizure** |
| **A** | **Tonic clonic** |
| **B** | **Myoclonic Jerks** |
| **C** | **Complex partial** |
| **D** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ***2A*** |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | ***A,B*** |  |  |  |  |  |  |  |  |  |
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**Appendix C**

**The Care Inspectorate Tool 4b**

[**Tool 4b: Care home resident falls and fracture risk/intervention tool**](https://www.careinspectorate.com/images/documents/2737/2016/Tool_4b_interactive.pdf)

**Appendix D**

**Epilepsy Society**

**Photosensitive Epilepsy**

[**Photosensitive epilepsy | Epilepsy Society**](https://epilepsysociety.org.uk/about-epilepsy/epileptic-seizures/seizure-triggers/photosensitive-epilepsy)

**References/Evidence**

*Epilepsy Care Plan, Scottish Epilepsy Centre. Authors: Elaine Cowan and Joanne Hill*

*Seizure Diary, Epilepsy Society*

*Staying Safe with Epilepsy, Epilepsy Scotland,* [*https://www.epilepsyscotland.org.uk/wp-content/uploads/2021/07/Staying-safe-with-epilepsy.pdf*](https://www.epilepsyscotland.org.uk/wp-content/uploads/2021/07/Staying-safe-with-epilepsy.pdf)

*The Care Inspectorate, Managing Falls and Fractures in Care Homes for Older People- good practice resource. 2016 Revised edition*

*Epilepsy Society. Photosensitive epilepsy,*

*https://epilepsysociety.org.uk/about-epilepsy/epileptic-seizures/seizure-triggers/photosensitive-epilepsy*

# Appendices

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| --- | --- | --- | --- | --- |
| **CONSULTATION AND DISTRIBUTION RECORD** | | | | |
| **Contributing Author / Authors** | |  | | |
| **Consultation Process / Stakeholders:** | | Care Home Guidance and Governance Group  Dr Catriona Nisbet, GP Clinical Lead Care Homes and Frailty  Linzi Munro- Care Homes Liaison Lead Nurse  Claire Osprey, Advanced Clinical Services Pharmacist  Dr Tyra Smith, Secretary, GP Sub-committee, NHSL  Kerianne Baillie, Epilepsy Specialist Nurse NHSL  Elaine Cowan, Clinical Nurse Specialist, Scottish Epilepsy Centre  Joanne Hill, Clinical Nurse Specialist, Scottish Epilepsy Centre | | |
| **Distribution** | |  | | |
| **CHANGE RECORD** | | | | | | |
| **Date** | | **Lead Author** | | **Change** | **Version No.** | |
|  | |  | | *e.g. Review, revise and update of policy in line with contemporary professional structures and practice* | 1 | |
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1. **Governance information for Guidance document**

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| **Lead Author(s):** | Dr Jennifer Adam |
| **Endorsing Body:** | Care Homes Guidance and Governance Group |
| **Version Number:** | 4 |
| **Approval date** |  |
| **Review Date:** |  |
| **Responsible Person (if different from lead author)** |  |

**2.You can include additional appendices with complimentary information that doesn’t fit into the main text of your guideline, but is crucial and supports its understanding.**

e.g. supporting documents for implementation of guideline, patient information, specific monitoring requirements for secondary and primary care clinicians, dosing regimen/considerations according to weight and/or creatinine clearance