**Epilepsy Care Plan**

Please ensure that handwritten answers are clear and legible.

**Section 1 – To be completed by the Student and their Epilepsy Nurse Specialist or Equivalent**

|  |  |
| --- | --- |
| **Name:** |  |
| **Student Number:**  |  |
| **Telephone Number:** |  |

**Types of Seizures**

|  |
| --- |
|  **Please tick all boxes that apply to you** |
| **Tonic clonic / Grand-mal** - Muscle stiffening (tonic stage) and fall to the ground, followed by jerking/convulsive movements (clonic stage). |  |
| **Tonic** – Muscle stiffening, fall to the ground |  |
| **Atonic** – Loss of muscle tone, fall to the ground. Recovery usually swift |  |
| **Myoclonic** – Muscle jerks. Loss of consciousness is usually so brief it is hardly noticeable |  |
| **Absence** **/ Petit-mal** – Often mistaken for day dreaming. Person goes into brief trance-like state  |  |
| **Non-epileptic Seizures** – Usually mirrors a tonic clonic seizure, but not caused by electrical activity in the brain. May be unable to respond during seizure |  |
| **Additional information** |
| Please indicate when these seizures occur,e.g. day/night |  |
| Other – Please describe |  |

**What happens to you during a seizure?** (This could be that you fall to the ground and your limbs stiffen or jerk and/or incontinence)

**A first aider will be called if you have a seizure whenever possible but what should people do when you have a seizure?** (This could be putting you in the recovery position, moving objects away from you, stopping your head from banging and/or covering you up in the event of incontinence)

**How long does your seizure normally last?**

**What would you do if you experienced a seizure when you are alone?**

(This could be that an epilepsy alarm watch / epilepsy alarm pillow would alert relevant people. Alternatively you can mention how you would telephone the a family member or the porters **if on University Of Chester premises**)

**What self-care do you have for after a seizure?** (This could be confirmation that you need to take emergency medication or go home to rest).

**When should an ambulance be called?** (This could be if a seizure lasts longer than 5 minutes or if you are unresponsive after a seizure or unable to administer your own medication)

**Please list any other health conditions you may have?** (This could be other conditions such as diabetes or Autistic Spectrum Condition (ASC).

**What assistive technology does your Epilepsy Nurse Specialist or Consultant recommend for you to use? Please note that it is your responsibility to provide and fund any recommended assistive technology.** (This could be a medical alert bracelet, epilepsy pillow alarm, anti-suffocation pillow or epilepsy alarm watch).

# Important: It is the student’s responsibility to inform Disability & Inclusion of any change(s) to the above information, to ensure the University can look to mitigate any potential health and safety risk.

**Section 2 – To be completed by Specialist Epilepsy Nurse or Equivalent**

**2.1 Your Details**

**2.2 Practice or Organisation Details**

Where possible use your practice or

organisation’s Stamp.

**Full name**

**Job Title**

**Name of practice or organisation**

**Type of practice or organisation**

(Please state)

**Stamp Here**

**Address**

**Contact Number**

**Specialist Epilepsy Nurse or Equivalent Declaration**

Sign and date below to confirm that to the best of your knowledge the information you’ve provided is true and correct.

**Signature Date** dd/mm/yyyy

**Returning the Form**

Please return the completed form by emailing disability@chester.ac.uk and including the relevant documents as attachments.

Alternatively, you can send the documents by post to:

Disability and Inclusion,

Student Futures Support,

University of Chester

Cheshire

Parkgate Road

CH1 4BJ

**SECTION 3 - Responsibilities**

**Student responsibilities:**

* Student should notify the Disability & Inclusion team of any change in seizures or support requirements.
* Student must obtain, store and administer their own medication as staff are unable to do this.
* Students must provide any recommended assistive technology that they choose to use and arrange regular maintenance and safety tests for assistive technology.
* If student does not complete epilepsy care plan, epilepsy questionnaire or engage with the Disability & Inclusion team robust safety measures may not be put in place.
* Student is responsible for regulating factors that may trigger seizures such as getting enough sleep and seeking help to manage anxiety.
* **The student is advised to take the necessary health and safety measures to ensure their health and safety when off campus with the exception of University of Chester organized and supervised trips.**

**Staff responsibilities:**

* A first aider will be called whenever possible if student has a seizure on campus.
* Staff are unable to administer medication and will remind student to take medication after a seizure if possible but this cannot be guaranteed.
* Staff members will call 999 if they have any concern about student’s welfare during/after a seizure.
* University staff are not responsible for any first aid support for incidents that take place off campus (unless the student is on a field trip or excursion delivered through the University).