Humber NHS
NHS Foundation Trust

LEARNING DISABILITY EPILEPSY SERVICE

EPILEPSY MANAGEMENT PLAN

TO BE USED WHEN EMERGENCY TREATMENT IS *NOT* PRESCRIBED

TREATMENT PLAN FOR:

NAME ______ **N.H.S. Number:** ______

EMERGENCY SERVICES NEED TO BE CONTACTED WHEN:

1 **PROLONGED TONIC/CLONIC SEIZURE**

2. **SERIES OF SEIZURES**

3. **ACCIDENTS DURING SEIZURES**

4. **OTHER (please specify)**

Completed by (Signature): ....

Name: ______ **Title:** ______ **Band:** ______

Review date: ....