

Individual Care Plan

Patient Details

Name	
Address	
Date of Birth	
Emergency Contact	
Diagnosis(es)*	
Consultant	
Consultant Contact	
Typical Seizure Length (if applicable)	

*Diagnosis(es) could be NEAD, FND, Gait Disturbance

Typical Pre-Episode Events

As the patient, please fill in below, in numbered steps, what typically happens before an episode or seizure:

Example:

- 1. I usually start to stare into space*
- 2. Followed by blinking a lot and twitching.*
- 3. I will then start to shake and jerk, fall to the floor and continue with my arms, legs, whole body jerking. My symptoms are the same as someone having an epileptic (tonic-clonic/ grand mal) seizure.*

Actions

Typically if any episode or a seizure occurs, if the patient can respond and wants help then help them how they ask but most importantly patience may be required as **extra** or **restricted** movements are extremely likely to be caused. Another common issue is **extra** or **less** sensation can occur in an episode which can result in things like pain, numbness, weakness, or paralysis. If comfort can be increased (i.e. painkillers) safely this should be done.

If a seizure occurs, likely the patient will be totally unable to respond. Remember the following:

Comfort - keep the patient comfortable (cushions, bedding, etc...)

Ambulance - Call for an ambulance if a serious injury occurs and/or if the seizure goes on longer than normal

Patience - Following a seizure the patient is likely to be fatigued and/or experiencing issues with speech

Can the **patient** please write any additional information they think should be made aware of if they have a seizure:

Example:

1. *If I am not already on the floor, help me onto the floor and onto my side (recovery position).*
2. *If possible, support my head with a pillow, if not, a rolled up coat, anything to prevent a head injury.*
3. *Make me as safe as possible until the seizure has finished. This is usually around 10 minutes but could be up to an hour.*
4. *Talk to me, reassure me while all of this is happening.*
5. *Ring my mum ASAP in every incident.*
6. *If I am physically injured, not breathing or you feel something is very wrong, ring 999. This is not usually needed for a normal seizure.*

If I have had a short seizure, I may be ok to continue my day as normal. I may however be very tired and need to go home and rest.

If more space is needed please state below and write on a separate piece of paper and attach.

Confirm by signing below that this document has been read, understood and discussed between the **patient** and the **first aid representative**.

Patient

Signed

Date

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First Aid Representative

Signed

Date

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