



Hamilton Special Developmental School

Epilepsy Medical Advice Form for a student who requires epilepsy support whilst at school

This form is to be completed by the student's medical/health practitioner providing a description of the health condition and first aid requirements for a student with a health condition. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs.

Student's Name: _____ Date of Birth: _____

MedicAlert Number(if relevant): _____ Review date for this form: _____

Description of the condition	Recommended support Please describe recommended care If additional advice is required, please attach it to this medical advice form
Warning Signs Can you please outline the warning signs (e.g. sensations)	
Triggers Can you please outline the known triggers (eg illness, elevated temperature, flashing lights)	
Seizure Types Please highlight which seizure types apply: <ul style="list-style-type: none"> <input type="checkbox"/> Partial (focal) seizures Which side of the brain is affected? _____ <input type="checkbox"/> Simple partial <ul style="list-style-type: none"> <input type="checkbox"/> Staring, may blink rapidly <input type="checkbox"/> Only part of the brain is involved (partial) <input type="checkbox"/> Person remains conscious (simple), able to hear, may or may not be able to speak <input type="checkbox"/> Jerking of parts of the body may occur <input type="checkbox"/> Rapid recovery <input type="checkbox"/> Person may have a headache or experience sensations that aren't real, such as sounds, flashing light, strange taste or smell, 'funny tummy' These are sometimes called an aura and may lead to other types of seizures. <input type="checkbox"/> Complex partial <ul style="list-style-type: none"> <input type="checkbox"/> Only part of the brain is involved (partial) <input type="checkbox"/> Person staring and unaware. Eyes may jerk but may talk, remain sitting or walk around <input type="checkbox"/> Toward the end of the seizure, person may perform unusual activities, eg chewing movement, fiddling with clothes (these are called automatisms) <input type="checkbox"/> Confused and drowsy after seizure settles, may sleep. <input type="checkbox"/> Generalised seizures <ul style="list-style-type: none"> <input type="checkbox"/> Tonic clonic <ul style="list-style-type: none"> <input type="checkbox"/> Not responsive <input type="checkbox"/> Might fall down/cry out <input type="checkbox"/> Body becomes stiff (tonic) <input type="checkbox"/> Jerking of arms and legs occurs (clonic) <input type="checkbox"/> Excessive saliva <input type="checkbox"/> May be red or blue in the face <input type="checkbox"/> May lose control of bladder and/or bowel <input type="checkbox"/> Tongue may be bitten <input type="checkbox"/> Lasts 1-3 minutes, stops suddenly or gradually <input type="checkbox"/> Confusion and deep sleep (maybe hours) when in recovery phase. May have a headache. <input type="checkbox"/> Absence <ul style="list-style-type: none"> <input type="checkbox"/> Vacant stare or eyes may blink/roll up <input type="checkbox"/> Lasts 5-10 seconds <input type="checkbox"/> Impaired awareness (may be seated) <input type="checkbox"/> Instant recovery, no memory of the event. <input type="checkbox"/> Myoclonic <ul style="list-style-type: none"> <input type="checkbox"/> Sudden simple jerk <input type="checkbox"/> May recur many times. 	Please indicate typical seizure frequency and length, and any management that is a variation from standard seizure management.
Duration	



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Description of the condition

How long does recovery take if the seizure isn't long enough to require Midazolam?

Person's reaction during and after a seizure

Please comment

Any other recommendations to support the person during and after a seizure

Signs that the seizure is starting to settle

Recommended support

Please describe recommended care
If additional advice is required, please attach it to this medical advice form

First Aid - Management of Seizures

The following is the **first aid response** that School staff will follow:

(Developed by Children's Epilepsy Program, Royal Children's Hospital)

	"Major Seizures"	"Minor Seizures"
	Convulsive seizures with major movement manifestations eg: tonic-clonic, tonic, myoclonic, atonic, and partial motor seizure	Seizures with staring, impaired consciousness or unusual behaviour e.g. complex partial seizures and absence seizures
1	Stay calm	Stay calm
2	Check for medical identification	Check for medical identification
3	Protect the person from injury by removing harmful objects close to them. Loosen any tight clothing or restraints. Place something soft under their head.	Protect the person from injury by removing harmful objects close to them
4	Stay with the person and reassure them. Do not put anything in their mouth and do not restrain them.	Stay with the person and reassure them
5	Time the seizure	Time the seizure
6	When the seizure is over, roll the person onto their side to keep their airway clear	If a tonic-clonic seizure develops, follow major seizure management
7	Treat any injuries	Stay with the person and reassure them, they may be sleepy, confused or combative after the seizure
8	Consider if an ambulance needs to be called. An ambulance should be called when: <ul style="list-style-type: none"> The seizure lasts longer than 5 -10 minutes. Another seizure quickly follows The person remains unconscious after the seizures ceases The person has been injured You are about to administer diazepam or midazolam You are unsure The seizure happens in water The person is pregnant or a diabetic The person is not known to have epilepsy. 	
9	Stay with the person and reassure them, they may be sleepy, confused or combative after the seizure	



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First Aid - Management of Seizures

If you anticipate the student will require anything other the first aid response noted above, please provide details, so special arrangement can be negotiated.

Observable sign/reaction	First aid response
▽	▽
▽	▽
▽	▽
▽	▽

Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

<u>Authorisation:</u>
Name of Medical/health practitioner:
Professional Role:
Signature:
Date:
Contact details:
Name of Parent/Carer or adult/independent student**:
Signature:
Date:

If additional advice is required, please attach it to this form

**Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See Victorian Government Schools Reference Guide 4.6.14.5).