

Community palliative seizure management plan

Information for families, carers and staff

Addressograph

Date completed:/...../.....
 Completed by:
 Review date:/...../.....

Name:

is at increased risk of seizures due to:

How to recognise a seizure:

Document type of seizure details here.

Regular medication for prevention of seizures:

Emergency medication supplied to give for seizures:

(if prescribed and appropriate see overleaf for guidance on giving buccal midazolam.)

What to do in the event of a seizure

Simple first aid advice:

- Protect the person from injury; removing harmful objects from nearby
- Cushion their head
- Do not restrain the person or put anything in their mouth
- Try to time the seizure
- Once the seizure has finished, roll them onto their side or place them in the recovery position
- Stay with them until recovery is complete
- **Consider emergency medication if supplied**

When to call for help:

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Who to call for help:

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Ward doctors to ensure this information is included in the EDAN & GP OOH handover form

Information about midazolam

What is midazolam?

Midazolam can be given to stop seizures and is also a sedative, which means it makes people sleepy. Midazolam can be given as an injection by nursing staff. An alternative is for friends or family to be shown how to use buccal midazolam into the mouth.

Information about buccal midazolam

How is the medication supplied?

- Buccal midazolam is usually supplied as a pre-filled syringe. The dose in the syringe is written on the side of the syringe.

How do I give the buccal midazolam?

- Place the tip of the syringe inside the mouth between the cheek and gum. Do not place the syringe or anything else between the person's teeth.
- Give half the dose over **five seconds** on one side of the mouth and the remaining half of the dose over **five seconds** on the opposite side of the mouth.

How quickly does buccal midazolam work?

- Buccal midazolam takes 5–10 minutes to work and most people will sleep after the seizure has finished. They should remain on their side during this time.

Are there any side-effects?

- Buccal midazolam can make people sleepy or restless. It may slow down breathing, but very rarely.

Can another dose be given if the first doesn't work? (and if so how long after the first dose)

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Preferences regarding hospital admission/place of care

(Please ensure this information is recorded on the person's RESPECT form and EDAN or on EPaCCS).

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Useful contact numbers:

GP/out of hours (OOH) GP:

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Community neighbourhood team:

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Other:

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If you can't get through to anyone else and want urgent advice ring 999

Please inform the GP if this person has a seizure so they can be reviewed and if needed, their medication can be altered.

(If two or more seizures please contact GP/OOH GP promptly)

Guidance for professionals on how to complete this form

(Not to be given to patients/carers)

Who this management plan is for and why it should be considered

- Palliative care patients who are at significant risk of seizures.
- To enable relatives to feel confident in managing seizures.
- To avoid inappropriate hospital admission for a person who may be in the last weeks/days of life.

How to recognise a seizure

- There are several types of seizures for example, focal (affecting individual limbs, or the individual becomes vacant). Consider including what to expect for the individual patient.

Management plan for seizures

- This should include their regular medication to prevent seizures, and can include how to care for the individual, how long their seizures normally last for and how they are post seizure.

Emergency medication supplied

- Please document medication prescribed for emergency management of seizures. The usual adult dose of buccal midazolam is 5 to 10 mg.
- Please document other anticipatory medication prescribed.
- Please ensure all drugs are transcribed to the Medicines Administration Record (MAR) chart.

When to call for help

- Consider how long to leave the individual before calling for assistance, and whether hospital admission would be appropriate in any circumstances.
- This should be discussed with the individual and family.

Who to call for help

- Please provide numbers for community nurses, GP and any one close to the individual.
- Suggest GP/OOH GP or 999 for persistent seizures.

The information in this leaflet is to support and not replace a full and thorough face to face consultation with the patient

If you feel that you need any support with this conversation or the contents of this management plan, please contact the relevant hospital or community specialist palliative care team.

LTH Hospital Palliative Care Team:

0113 206 4563

Wheatfields Community Team:

0113 278 7249

St Gemma's Community Team:

0113 218 5500

ReSPECT and EPaCCS

Please ensure any relevant information is also available on the patient's ReSPECT form or on EPaCCS.

Produced in partnership with Leeds Community Healthcare NHS Trust,
The Leeds Teaching Hospitals NHS Trust, St Gemma's Hospice and Sue Ryder Wheatfields Hospice



**Leeds Palliative
Care Network**