



Paediatric Comprehensive Epilepsy Clinic Passport



Children's Hospital
London Health Sciences Centre

PERSONAL INFORMATION

Name of Child:

Epilepsy Diagnosis:

Age of first seizure:

Seizure types:

Medications:

Epilepsy Co-morbidities:

Epileptologist:

Community Agency:

WHO TO CALL WHEN:

- Epilepsy treatment – Epilepsy Nurse: (519) 685-8332
- Prescriptions, Appointments, Test results – Epilepsy Secretary: (519) 685-8500 ext 56314
- Social or Family Concerns – Social Worker: (519) 685-8500 ext 56149
- School Concerns or Education – Community Epilepsy Educator (ESWO): (519) 433-4073
- General Medical Concerns – Family Doctor/ NP/Paediatrician
- Urgent Epilepsy Concerns – On call Neurologist: (519) 685-8500 and ask the operator to connect you
- Urgent Medical Concerns - 911

Has your Epilepsy Team explained or offered the following TESTS for your child's epilepsy:

	Explained	Offered	Completed
MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EEG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genetic testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3T MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fMRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropsych Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has your Epilepsy Team explained or offered any of the following referrals to other specialists for your child's epilepsy treatment plans:

	Explained	Referred	Active/ Completed
Geneticist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Paediatrician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropsychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transition Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurosurgeon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Epileptologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared Decision Making Coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Life Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOSPITAL RESOURCES:

- Paediatric Epilepsy Program Office: (519) 685-8500 ext 56314
- Epilepsy Nurse: (519) 685-8332
- Social Worker: (519) 685-8500 ext 56149
- Paediatric Epilepsy Program Website:
<https://www.lhsc.on.ca/paediatric-epilepsy-program>
- Paediatric Family Resource Centre: (519) 685-8500 ext 52604 or pfrc@lhsc.on.ca
- Child Life: (519) 685-8500 ext 58368
- Registered Dietitian: (519) 685-8500 ext 52486
- Shared Decision-Making Coach: (519) 685-8500 ext 58207

Has your Epilepsy Team explained or offered the following treatment options (besides medication) for your child's epilepsy:

	Explained	Offered	Active Treatment
Ketogenic Diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CBD oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vagal Nerve Stimulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<https://www.lhsc.on.ca/paediatric-epilepsy-program>

SEIZURE PROTOCOL

Name:

Birth date:

Diagnosis:

Medications:

Allergies:

Address:

First Emergency Contact :

Relation:

Phone

Second Emergency Contact:

Relation:

Phone

A) SEIZURE INFORMATION

Seizure Type:

Description:

When is it a medical emergency:

Triggers:

B) SEIZURE FIRST AID

1. **Stay Calm:** Most often a seizure will run its course and end naturally within a few minutes.
2. **Time it:** If the seizure lasts more than 5 minutes or repeats without full recovery between seizures call 911. Call 911 if the person is pregnant, has diabetes, is injured from the seizure, or if the seizure occurs in water.
3. **Protect from Injury:** Move sharp objects out of the way. If the person falls to the ground, roll them onto their side and place something soft under their head. If the person wanders about, stay by their side and gently steer them away from danger. When the seizure ends, provide reassurance and stay with the person if they are confused. If the person is still confused afterwards, call 911.

Other care needed:



C) RESCUE MEDICATION

My child requires rescue medication: Yes No

If no, please skip to section D.

Type of Medication:
Dosage:
Method:
Who to Administer:

This plan is validated by treating physician



Signature



Date

D) HEALTH CARE CONTACTS:

Epilepsy Specialist:

Phone:

Preferred Hospital:

Physician:

E) SPECIAL INSTRUCTIONS:

Special Instructions:

Parent signature

Date

Community Agency Educator

Signature

Date

<https://www.lhsc.on.ca/paediatric-epilepsy-program>

SEIZURE DIARY

Date & Time

Triggers

Describe Seizure

Duration of Seizure

Describe after
seizure

Interventions
(rescue medication,
VNS magnet, 911)

Other Comments

SEIZURE DIARY

Date & Time

Triggers

Describe Seizure

Duration of Seizure

Describe after
seizure

Interventions
(rescue medication,
VNS magnet, 911)

Other Comments



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