

PERSONAL AND BACKGROUND INFORMATION

**NDIS/Medicare
Number**

**Date of passport
update** dd/mm/yyyy

Full name

Date of birth
dd/mm/yyyy

Gender

**Age at diagnosis
of epilepsy**

Emergency contact 1

Name, relationship & phone number

Emergency contact 2

Name, relationship & phone number

Epilepsy Seizure types (e.g. focal or complex partial, absence, myoclonic, tonic-clonic, tonic, clonic, atonic or astatic, epileptic spasms)

Epilepsy Syndromes (e.g. West, Ohtahara, Dravet, BECTS, Lennox-Gastaut, childhood-onset absence, juvenile-onset absence, juvenile myoclonic, symptomatic general, symptomatic focal, benign infantile epilepsy)



EMERGENCY CARE PLAN In the event of a seizure, do not leave the child alone

Does the child have a prescribed rescue medication If yes, state the child's rescue medication, route and dose

When should the child be given their rescue medication

Can the child be given a second dose of emergency medication if the first dose has not stopped the seizure If yes, the minimum time after the first dose

What medication should NOT be given

When should 000 be called

Can the child be treated according to the Airline guideline If no, state why not



FURTHER INFORMATION

Cause of the epilepsy e.g. BECTS, childhood-onset absence, juvenile-onset absence and juvenile myoclonic, tuberous sclerosis, Rett syndrome = presumed genetic. Peri-ventricular haemorrhage or hypoxic-ischaemic injury = birth-related

Any additional co-morbidities or diagnoses

Current anti-epileptic medication(s) and dose(s) (give as mg/kg/day)

Is the child receiving the ketogenic diet If yes, which type of the diet

Current other regular medications

Anti-epileptic medications that were used previously but stopped because they didn't work

Anti-epileptic medications previously used that caused serious side-effects If yes, which medication(s) and which side-effects (e.g. rash, severe behaviour problems, respiratory difficulties, dramatic change in appetite)



Has the child received a ketogenic diet previously If yes, when was it used and which type of diet

Has the child had previous epilepsy surgery If yes, when was surgery done and what was the surgery, including the insertion of a vagal nerve stimulator (VNS)

The child's allergies, if any

Any specific safety advice e.g. participation in specific activities including swimming

DETAILS OF THE PERSON COMPLETING THIS PASSPORT

Full name

Signature written or electronic

Date dd/mm/yyyy

The Epilepsy Centre of SA & NT does not accept any responsibility with regard to completeness of this Epilepsy Passport nor its suitability for any particular purpose.

The Epilepsy Centre of SA & NT has not provided nor will it check any content incorporated within this passport.

Accordingly, in no event shall The Epilepsy Centre of SA & NT be liable for any direct or indirect losses or damages of any kind whatsoever, whether based in contract, tort, strict liability, or otherwise, arising out of or in any way connected with use of this passport or any information you obtain from it.



Paediatrician who usually manages the child's epilepsy



Full name

Email

Phone

Hospital/Community Trust

Epilepsy Specialist Nurse



Full name

Email

Phone

Hospital/Community Trust

Tertiary Care Epilepsy Specialist the child's Paediatric Neurologist



Full name

Email

Phone

Hospital/Community Trust

General Practitioner (GP)



Full name

Email

Phone

Hospital/Community Trust