

AD-713 Epilepsy Risk Assessment Form

CLIENT NAME				D.O.B.					
ADDRESS				BODY WEIGHT IN kg					
CARE ORGANISATION (PROPOSED)									
<i>for persons with body weight > 18kg, tick (✓) at least one box per question – you may tick more than one box per question if necessary</i>									
<u>1. WHAT TYPE OF EPILEPSY DOES THE PERSON HAVE?</u>									
Tonic/clonic	<input type="checkbox"/>	Tonic	<input type="checkbox"/>	Clonic	<input type="checkbox"/>	Atonic	<input type="checkbox"/>	Don't know	<input type="checkbox"/>
<u>2. NO. OF RECORDED NOCTURNAL SEIZURES IN PREVIOUS YEAR?</u>									
More than 50	<input type="checkbox"/>	25-50	<input type="checkbox"/>	10-25	<input type="checkbox"/>	2-10	<input type="checkbox"/>	Less than 2	<input type="checkbox"/>
<u>3. NO. OF EMERGENCY VISITS TO HOSPITAL IN PREVIOUS YEAR?</u>									
More than 10	<input type="checkbox"/>	6-10	<input type="checkbox"/>	1-5	<input type="checkbox"/>	none	<input type="checkbox"/>	Awaiting discharge	<input type="checkbox"/>
<u>4. BODY MOVEMENT DURING A SEIZURE – WHICH PARTS OF THE BODY MOVE DURING A SEIZURE?</u>									
Whole body	<input type="checkbox"/>	Top or bottom half only	<input type="checkbox"/>	One side only	<input type="checkbox"/>	No body movement	<input type="checkbox"/>		<input type="checkbox"/>
<u>5. DOES THE PERSON WET THE BED DURING THE SEIZURE?</u>									
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, give details (please indicate if incontinence pads are usually worn)					
<u>6. IF STANDING UP / MOVING AROUND, IS THE PERSON LIKELY TO FALL OVER DURING A SEIZURE?</u>									
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, give details					
<u>7. WILL THE CARER BE LOOKING AFTER MORE THAN ONE PERSON WITH EPILEPSY?</u>									
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, how many?					
<u>8. WHO IS THE IMMEDIATE CARER?</u>									
Relative / Friend	<input type="checkbox"/>	Paid Sleeping Carer	<input type="checkbox"/>	Paid Waking Carer	<input type="checkbox"/>	Other (specify)			
<u>9. WHERE WILL THE CARER BE AT NIGHT WHEN THE PERSON WITH EPILEPSY IS IN BED?</u>									
Same room	<input type="checkbox"/>	Within 30m of person with epilepsy	<input type="checkbox"/>	More than 30m from person with epilepsy					

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INITIAL RISK ASSESSMENT GUIDELINES

It is important to note that monitors and alarms are intended to act as **an aid to care and should not be used without backup support**. Their aim is to act as a second pair of eyes / ears for the carer, making their job less stressful particularly during night time hours.

Epilepsy Monitors should not be relied upon solely when the condition is life threatening.

- If a shaded box was ticked in questions 1 to 4 an **epileptic seizure bed monitor** may be suitable.
- In the domiciliary or small care home environment where the carer is within 30m of the person with epilepsy at night the GEO28 pager is most effective.
- Custom links are available to allow connection to Call Systems used in Hospitals, Nursing and Residential Homes.
- The alarm needs to be checked on a regular basis.
 - Check :- cables for damage
 - power supply
 - the alarm receiver unit
- Activate the epilepsy monitor by gently patting the mattress.

Please telephone our office for further information or additional copies of this form.