



## PERSONAL AND BACKGROUND INFORMATION

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**NHS 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 atstatic, 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

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**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 rescue (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 999 be called**

**Can the child be treated according to the UK APLS guideline** If no, state why not



**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**

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**Full name**

**Signature** written or electronic

**Date** dd/mm/yyyy

This passport was created by the RCPCH with support from HQIP.

The RCPCH does not accept any responsibility with regard to completeness of this Epilepsy Passport nor its suitability for any particular purpose. The RCPCH has not provided nor will it check any content incorporated within this passport. Accordingly, in no event shall the RCPCH 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