

## Checklist: Epilepsy

	<p><input type="checkbox"/> <b>Check to see whether a physician has diagnosed this person as having Epilepsy or a Seizure Disorder.</b></p>	<p>It is important for a physician to review the person's medical history and complete a physical examination to verify that the clinical presentation and symptoms are compatible with seizures. New onset of seizures requires an evaluation in the attempt to diagnose the underlying cause. Epilepsy can be caused by inherited genetic conditions, metabolic disorders, cerebral malformations, cerebral tumors, trauma, infection, and other conditions. However, for most people, the cause of their epilepsy remains unknown.</p>
	<p><input type="checkbox"/> <b>Check to see whether this person has a "seizure log" or calendar for all seizures.</b></p>	<p>A seizure log should indicate the date, time, type of seizure, duration, emergency measures taken, and behavior afterwards. This information will help a physician determine adjustment of an individual's medications. The information can also help an individual plan work and recreation. The log should also record emergency measures (such as calls to 911), duration of sleepiness, loss of appetite, incontinence (bowel or bladder), and length of time before the person who had the seizure was able to resume normal activities.</p>
	<p><input type="checkbox"/> <b>Check to see whether this person has a care plan indicating what caregivers should do, who has been trained to assist, and when to call 911.</b></p>	<p>Caregivers should be trained to recognize seizures and instructed to give seizure first aid. Caregivers should also be informed about medication side effects.</p>

	<input type="checkbox"/> <b>Check to see whether this person has a Vagus Nerve Stimulator (VNS) to improve seizure control, and whether there a care plan indicating who is trained to assist in monitoring the VNS.</b>	<p>The VNS connects to the vagus nerve. It sends electrical impulses to the brain and may reduce seizure frequency. A VNS reduces seizure frequency for some people. Others may feel better with a VNS even if seizure frequency is unchanged.</p> <p>Caregivers should be trained to recognize seizure activity and to monitor for side effects such as hoarseness or changes in an individual’s voice, chest pain, skin irritation, or breathing problems.</p>
	<input type="checkbox"/> <b>Check to see whether a doctor has prescribed (antiepileptic) medication to control seizures.</b>	<p>Antiepileptic drug treatment is generally recommended after a person has been diagnosed as having epilepsy. Medication can control seizures in most individuals, but about 1/3 of persons with epilepsy may have breakthrough seizures or even uncontrolled seizures despite receiving antiepileptic medication.</p>
	<input type="checkbox"/> <b>Check to see whether this person has a follow-up physician appointment scheduled for monitoring the seizure disorder.</b>	<p>A primary care physician can manage the care of persons with well-controlled epilepsy. People who have uncontrolled seizures and require frequent medication adjustments should be evaluated by a neurologist. The neurologist will review the seizure record, medication levels in the person’s blood, and other lab tests. He or she will use this information to make adjustments to the type or dose of a person’s medication.</p>

**Unclear or concerned about an answer?** Please consult with your clinical staff for appropriate follow-up