## AD-713 Epilepsy Risk Assessment Form

<table>
<thead>
<tr>
<th>CLIENT NAME</th>
<th>D.O.B.</th>
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<tbody>
<tr>
<td>ADDRESS</td>
<td>BODY WEIGHT IN kg</td>
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### CARE ORGANISATION (PROPOSED)

For persons with body weight > 18 kg, tick (1) at least one box per question - you may tick more than one box per question if necessary.

1. **What type of epilepsy does the person have?**
   - Tonic/clonic
   - Tonic
   - Clonic
   - Atonic
   - Don't know

2. **No. of recorded nocturnal seizures in previous year?**
   - More than 50
   - 25-50
   - 10-25
   - 2-10
   - Less than 2

3. **No. of emergency visits to hospital in previous year?**
   - More than 10
   - 6-10
   - 1-5
   - None
   - Awaiting discharge

4. **Body movement during a seizure - which parts of the body move during a seizure?**
   - Whole body
   - Top or bottom half only
   - One side only
   - No body movement

5. **Does the person wet the bed during the seizure?**
   - Yes
   - No
   - If yes, give details (please indicate if incontinence pads are usually worn)

6. **If standing up / moving around, is the person likely to fall over during a seizure?**
   - Yes
   - No
   - If yes, give details

7. **Will the carer be looking after more than one person with epilepsy?**
   - Yes
   - No
   - If yes, how many?

8. **Who is the immediate carer?**
   - Relative / Friend
   - Paid Sleeping Carer
   - Paid Waking Carer
   - Other (specify)

9. **Where will the carer be at night when the person with epilepsy is in bed?**
   - Same room
   - Within 30 m of person with epilepsy
   - More than 30 m from person with epilepsy
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 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 SRX-1 alarm option is most effective.

- If the carer has a hearing deficit, SRX-1P alarm option with a vibrating pillow pad is probably the most effective solution.

- If there are multiple monitoring devices (including epilepsy alarms, door open alarms etc.) which need to be monitored by the carer, the SRTX-4 alarm option with a pager should be used.

- 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.