



## MY SEIZURE MANAGEMENT PLAN

**Functional Neurological Disorder (FND)** is a condition that results in neurological symptoms such as functional seizures, paralysis, gait disorder, sensory issues, involuntary movements, problems with speech and swallowing, and bowel and bladder issues. Pain and chronic fatigue often co-exist with these symptoms.

FND is as disabling and distressing as similar neurological diseases such as epilepsy, Multiple Sclerosis, Parkinson and Stroke. For many people FND is a life-long condition that they will have to manage long term.

**Functional Seizures** unlike epilepsy are not due to abnormal electrical activity in the brain. Medications used to treat epilepsy may be unhelpful for people with FND unless the person also has epilepsy. FND results from a problem with the functioning of the nervous system. Functional seizures may present similar to epileptic seizures, although they are generally longer in duration. While functional seizures can look like epileptic seizures the attacks themselves are not harmful for the brain. People may experience epilepsy and functional seizures. Functional seizures are known by many different terms including dissociative attacks, dissociative seizures, non-epileptic seizures, non-epileptic attack disorder, functional non-epileptic seizures and FND attacks. Please use the term you are most comfortable with.

For people with functional seizures, **a seizure management plan** may be helpful so others know how to best support the person. NOTE: A seizure management plan is very individual, what helps one person, may not help another person with the same condition.

NAME	
DATE OF BIRTH	
MEDICATION/S I AM ON	
MEDICAL CONDITIONS	1. 2. 3. 4.



OTHER RELEVANT MEDICAL HISTORY	
MY EMERGENCY CONTACT IS	NAME: _____ RELATIONSHIP: _____ PHONE NUMBER: (M) _____ (H): _____ (W): _____
MY DOCTOR / SPECIALIST CONTACT DETAILS ARE:	NAME: _____ ADDRESS: _____ PHONE NUMBER: (M) _____

MY SEIZURES MAY BE TRIGGERED BY: e.g. fatigue, stress, emotions, (N/A = if no triggers or unknown)	
WARNING SIGNS PRIOR TO A SEIZURE (e.g. fatigued, distracted, feel an aura, dissociated, sad, agitated, other behaviour change)	
TYPES OF SEIZURES I HAVE ARE: e.g. epileptic and/or non-epileptic / functional / dissociative. <u>Hyperkinetic</u> – with shaking, stiffening, jerking and/or thrashing movements. <u>Hypokinetic</u> – falling down, lying still, fainting presentations <u>Blank Spells</u> – non-responsive, not present, trance-like state	





HOW MY SEIZURES PRESENT	
DURATION: MY SEIZURES MAY LAST FROM ____ TO ____ MIN	
FREQUENCY: HOW OFTEN MY SEIZURES TEND TO OCCUR	
HOW I NEED PEOPLE TO ASSIST e.g. place cushions around me, keep me safe from injury, reassure me, help keep me calm, remain calm around me.	
DURING A SEIZURE PLEASE <u>DON'T</u> e.g. sternum rub, hold me down, pinch me, panic	
AFTER A SEIZURE I MAY NEED: e.g. to rest, remain quiet	
<b>I may NOT need an ambulance unless I am injured. Please call an ambulance in the following situation.</b> E.g. If I am non-responsive, unconscious, injured	

This plan has been signed off by my treating doctor / specialist.

PRACTITIONER NAME: \_\_\_\_\_

PRACTITIONER SIGNATURE: \_\_\_\_\_

PROFESSION: \_\_\_\_\_

CONTACT DETAILS: \_\_\_\_\_





## REFERENCES

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This document was prepared by Dr. Katherine Gill, FND Australia Support Services Inc. with input and feedback by FND specialist neurologists, Professor Jon Stone and Dr Alex Lehn; and group members of FND Australia Support Services Inc. living with functional seizures.

