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Attach this document to your Epilepsy/Seizure Management Plan. This Emergency Plan should be completed and signed by the prescribing doctor in consultation with the person and/or their family or carer. It is recommended that this plan be reviewed and signed by the person's doctor annually.

Emergency Medication Management Plan



Clobazam

(only to be administered by a trained person)

Name: _____

Date of birth: _____

Weight: _____

1. FIRST DOSE Clobazam (10mg tablet)

First dose = _____ mg of 10 mg tablet which = _____ tablets

For single seizures:

As soon as a _____ (seizure type) begins

If the _____ (seizure type) continues longer than _____ mins

Special instructions: _____

For clusters of seizures:

When _____ (number) _____ (seizure type) occurs within _____ mins _____ hrs

Other (please specify): _____

Special instructions: _____

2. SECOND DOSE Clobazam

Second dose = _____ mg of 10 mg tablet which = _____ tablets

Not prescribed

OR

If the _____ (seizure type) continues for another _____ mins following the first dose

When another _____ (number) _____ (seizure type) occurs within _____ mins _____ hrs

following the first dose

Other (please specify): _____

Special instructions: _____

3. Maximum number of Clobazam doses to be given in a 24-hour period

Maximum number: _____

Client Name DOB: _____

4. Dial 000 to call the ambulance:

Prior to administering Clobazam

If the seizure has not stopped minutes after giving the Clobazam

Other (please specify):

5. Describe what to do after Clobazam has been administered:

- If my breathing has been affected, keep me on my side to protect my airway if possible. If this is not possible, turn my head to the side.
- If in a wheelchair or car seat, leave me seated and continue to support my head and protect my airway.
- Document time Clobazam was given, when ambulance called and when seizure activity stops.
- Stay with me and monitor:
 - For shallow or slow breathing, change of facial colour
 - Other:

6. Prescribing doctor or specialist

Doctor's name:	Telephone:
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Signature:

Date:

7. Storage and family special instructions

Recommended CLOBAZAM storage information:

- **Keep out of reach of children**
- **Store at room temperature (below 25°C)**
- **Regularly check the expiry date.**

*Any special instructions e.g. storage of medication, when on outings etc.
or people to contact if emergency medication is given.*

Emergency contact name:	
Relationship:	Telephone:

Signature:

Date:

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Client Name DOB: