







PATIENT:*	DATE OF BIRTH:**	AGE:	FISCAL CODE:
MOTHER:*	PHONE:	FATHER:*	PHONE:
SPECIALIST:*	PHONE:	E-MAIL:	
HOSPITAL:		PHONE:	
HOSPITAL DEPARTMENT:		PHONE:	
FAMILY DOCTOR:*		PHONE:	







\*= First Name/Surname

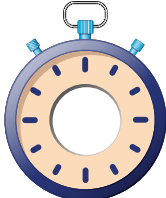
\*\*= dd/mm/yy




## DIAGNOSIS AND GENERAL INFORMATION

DIAGNOSIS	Dravet Syndrome: drug-resistant epilepsy and associated neurodevelopmental and behavioural disorders
Type of seizures	 Absences  Tonic  Clonic  Tonic-Clonic  Atonic  Focal
Factors that trigger seizures	E.g. heat, excitement, flashing lights, fever

## MANAGEMENT OF SEIZURES

Check the duration	Turn the person on their side and stay close until recovery	Remove glasses and unfasten clothing	Place something soft under their head	Do not block their movements	Do not put anything in their mouth
					

If the seizure lasts for	More than <div>.....</div> minutes	If the seizure does not end	after <div>.....</div> minutes from the 1 <sup>st</sup> ➔ 2 <sup>nd</sup> administration
	Midazolam 5mg 7,5mg 10 mg	Between cheek and gum slow release	Midazolam 2 <sup>nd</sup> administration not indicated
	Diazepam 5 mg 10 mg	Rectal administration slow	Diazepam 5 mg 10 mg

Call an ambulance when:	The seizure do not stop after 5 minutes	the patient is injured because of the seizure
		

Date \_\_\_\_\_

Stamp and signature of the specialist

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## DIAGNOSIS AND THE PATIENT'S GENERAL INFORMATION

**DIAGNOS:** Dravet Syndrome MR RF0061 – Genetic developmental and epileptic encephalopathy  
Symptoms include prolonged seizures until status epilepticus. Fever is a triggering factor.


**OTHER CONDITIONS:**

**WEIGHT KG:** **KNOWN ALLERGIES:**  
**KETOGENIC DIET:** NO YES if YES avoid infusions with glucose

TRIGGERING FACTOR ➔ FEVER $\geq 37,5^{\circ}$		EMERGENCY MEDICATION AT HOME		
Antipyretic medication	Dosage	Medication	Dosage	Notes
		Ask what was administered prior to the Emergency Room		

SEIZURE TYPE	Daily	Weekly	Monthly	DAILY THERAPY	8:00	14:00	20:00
FOCAL							
TONIC							
TONIC CLONIC							
ATONIC							
MYOCLONIC/CLONIC							
ATYPICAL ABSENCES							

## THERAPY FOR PROLONGED SEIZURES OR CLUSTER SEIZURES (Interval ranging from 15 to 60 min, with recovery of consciousness between seizures)

GENERAL GUIDELINES	PATIENT-SPECIFIC INDICATIONS
<b>STEP 1 - MIDAZOLAM (MDZ) IV/im bolus 0.1-0.2 mg/kg</b> <b>OR DIAZEPAM IV 0.2mg/kg - max 10mg - (in 10 min)</b>	
<b>IF AFTER 5 TO 10 MINUTES SEIZURE DOES NOT STOP</b>	
<b>STEP 2 - Valproic acid IV 30-40mg/kg inf (15 min) (max 3000mg)</b> <b>or Phenytoin IV 15-20mg/kg (in 20min) or Phenobarbital IV/im 10-20mg/kg (in 10-20 min)</b> <b>or Levetiracetam 30-60mg/kg inf (15-30min) (max 4500mg)</b>	
<b>IF SEIZURE STOPS AT 1ST OR 2ND STEP ASSESS WHETHER MDZ INF 0.1 - 0.2MG/KG/H</b>	
<b>IF AFTER 10 MINUTES FROM STEP 2 SEIZURE DOES NOT STOP ➔ INTENSIVE CARE UNIT</b>	
 <b>DO NOT ADMINISTER:</b> Lamotrigine, Carbamazepine, Lacosamide <b>IF ON TREATMENT WITH STIRIPENTOL:</b> use lower doses of benzodiazepines <b>CONTRA-INDICATED DRUGS:</b> For Fenfluramine users: strong inducers of CYP1A2 or CYP2B6 - For Cannabidiol users: inducers of CYP3A4 or CYP2C19	

## OTHER USEFUL INFORMATION

SpO2 BASE/respiration	N (normal)	INTRAVENOUS CANNULATION	Forearm	Yes	No	DEVICES USED
	P (pathological)		Hand	Yes	No	
			Foot	Yes	No	
INTELLECTUAL DISABILITY/ COMORBIDITY	Intellectual disability	Mild	Moderate	Severe		
	Language	Production	Yes	No		
		Understanding	adequate	limited		
	Behaviour	Adequate	Hyperactive	Oppositional		
	Mobility	Walking	Not walking	Feeding	Normal	PEG

This EMERGENCY PLAN suggests indications that should be modified in the opinion of colleagues depending on the clinical situation

Date

Stamp and signature of the specialist