

Epilepsy Management Assessment

| Complete using information from resident and medical record. | Yes | No |
|---|-----|----|
| 1. Does the resident know about their condition? | | |
| 2. Is the resident compliant in taking their seizure medications as prescribed? | | |
| 3. Is the physician notified when new medications or supplements are initiated? | | |
| 4. Is there documentation of each seizure and seizure triggers enabling tracking of patterns and avoiding seizure triggers? | | |
| 5. Does the resident exercise regularly and safely each day? | | |
| 6. Is the resident compliant with their well-balanced diet and maintain a healthy weight? | | |
| 7. Does the resident abstain from alcohol, tobacco and other abusive substances? | | |
| 8. Does the resident get 7-8 hours of sleep nightly? | | |
| 9. Is the resident anxious or stressful? Does the resident practice ways to reduce stress? | | |
| 10. Does the resident communicate frequently with family and friends for support? | | |
| 11. Is the physician informed regarding other health issues? | | |
| 12. Are other health conditions kept in check? | | |
| 13. Does the resident seek or is provided with assistance for emotional problems? | | |
| 14. Does the resident use memory strategies to help with memory issues? (Does staff assist?) | | |

Totals

If yes was answered:

- 0-3: Need to improve
- 3-5: Good job! Keep adding items one at a time.
- 5-10: Excellent! Continue to maintain!
- 10 or more: Epilepsy managed well

Assessment Summary:

Nurse: _____

Date: _____