APPENDIX 9 - ESSENTIAL NCD HEALTH INTERVENTION PROJECT – EPILEPSY INITIAL ASSESSMENT FORM

Patient number ☐☐☐☐ Village _____

Name _____

Sex Male ☐ Female ☐

Age (years) ☐☐☐ DOB (dd/mm/yy) ☐☐/☐☐/☐☐ Family Head

INITIAL ASSESSMENT

1. Date ☐☐/☐☐/☐☐

2. Pregnant? Yes Y No Y

3.Precipitating factors Drinking alcohol? Yes Y No Y Alcohol withdrawal? Yes Y No Y

Flashing lights? Yes Y No Y Other? (specify)

4. Current medication

5. Signs of toxicity? Yes Y No Y

If 'yes' describe

6. Number of fits in last month ☐☐ in last 3 months ☐☐

7. Impression

8. CONCLUSION		9. ACTION TO BE TAKEN	
Patient is pregnant	⇐	Refer to hospital	☐
Currently taking anti-epileptic medication (Stage 1) and:			
▸ Controlled	⇐	Continue same treatment	☐
▸ Not controlled	⇐	Follow ENHIP protocol. Refer to the section on changing drugs.	☐
Not currently taking anti-epileptic medication	⇐	Start on lowest dose (Stage 1)	☐

10. HEALTH EDUCATION

Epilepsy Yes ☐ No ☐ Safety at home and work Yes ☐ No ☐

Precipitating factors Yes ☐ No ☐ Use of anti-epileptic drugs Yes ☐ No ☐

11. DRUGS PRESCRIBED	Mg	Times/day	12. DATE OF NEXT APPOINTMENT
Phenobarbitone	☐☐☐	☐	☐☐/☐☐/☐☐
Phenytoin	☐☐☐	☐	(One month from today)
Other (specify)	☐☐☐	☐	

APPENDIX 10 - ESSENTIAL NCD HEALTH INTERVENTION PROJECT – EPILEPSY FOLLOW-UP FORM

Patient number ⎕⎕⎕⎕ Village _____

Name _____

Sex Male ☐ Female ☐

Age (years) ⎕⎕⎕ DOB (dd/mm/yy) ⎕⎕/⎕⎕/⎕⎕ Family Head

INITIAL ASSESSMENT	Follow-up # vvv	Follow-up # vvv	Follow-up # vvv
Date	⎕⎕/⎕⎕/⎕⎕	⎕⎕/⎕⎕/⎕⎕	⎕⎕/⎕⎕/⎕⎕
Pregnant?	Yes Y No Y	Yes Y No Y	Yes Y No Y
Current medication			
Signs of toxicity?	Yes Y No Y	Yes Y No Y	Yes Y No Y
If 'yes' describe them			
Have you had any fits in the last 2 years?	Yes Y No Y	Yes Y No Y	Yes Y No Y
If yes, number in the last month	⎕⎕	⎕⎕	⎕⎕
If yes, number in the last 3 months	⎕⎕	⎕⎕	⎕⎕
Impression			

CONCLUSION (choose one option only)	ACTION TO BE TAKEN	# vvv	# vvv	# vvv
Patient is pregnant	⇐ Refer to hospital (Stage 6)	☐	☐	☐
Maximum tolerable dose reached and still had more than 1 fit per month in the last 3 months	⇐ Refer to hospital (Stage 6)	☐	☐	☐
Evidence of drug toxicity and:				
▸ 1 or more fits per month in the previous 3 months	⇐ Reduce dose of drug by one step, add lowest dose of second drug. Next appointment in one month	☐	☐	☐
▸ Less than one fit per month in the previous 3 months	⇐ Reduce dose of first drug by one step. Next appointment in one month	☐	☐	☐
On maximum dose of first drug and still more than one fit per month	⇐ Add lowest dose of second. Next appointment in one month	☐	☐	☐
Last appointment was one month ago, and:				
▸ 2 or more fits since then	⇐ Increase dose, next appointment in one month	☐	☐	☐
▸ less than 2 fits since then, and:				
▸ Patient is using 2 drugs	⇐ Reduce dose of 1st drug. Next appointment in 1 month	☐	☐	☐
▸ Initial 3 one-month follow-ups have not been completed	⇐ Same dose, next appointment in 1 month	☐	☐	☐
▸ Initial 3 one-month follow-ups have been completed	⇐ Same dose, next appointment in 3 months	☐	☐	☐
Last appointment was 3 months ago, and:				
▸ 1 or more fits per month	⇐ Increase dose, next appointment in one month	☐	☐	☐
▸ less than 1 fit per month	⇐ Stay on same dose, next appointment in 3 months	☐	☐	☐
No fits for 2 years	⇐ Gradually reduce dose	☐	☐	☐

HEALTH EDUCATION	# vvv	# vvv	# vvv
Epilepsy	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Precipitating factors	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Safety at home and work	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Use of anti-epileptic drugs	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

DRUGS PRESCRIBED	Mg	Times/day	Mg	Times/day	Mg	Times/day
Phenobarbital	⎕⎕⎕	⎕	⎕⎕⎕	⎕	⎕⎕⎕	⎕
Phenytoin	⎕⎕⎕	⎕	⎕⎕⎕	⎕	⎕⎕⎕	⎕
Other (specify)	⎕⎕⎕	⎕	⎕⎕⎕	⎕	⎕⎕⎕	⎕

DATE OF NEXT APPOINTMENT	# vvv	# vvv	# vvv
One or 3 months from today	⎕⎕/⎕⎕/⎕⎕	⎕⎕/⎕⎕/⎕⎕	⎕⎕/⎕⎕/⎕⎕