

# THE BLUNDELLSANDS SURGERY

Dr N A Tong, Dr C Gillespie  
Dr R Scott, Dr Anoushka Faith, Dr Sarah Derbyshire, Dr Weston & Dr Suzi Collings

18/1/21

No. Treatment  
Needed so this  
Form is okay

***With Compliments***

\_\_\_\_\_ / Re Afianza

The Blundellsands Surgery, 1 Warren Road, Blundellsands, Liverpool L23 6TZ.  
Tel.0151 924 6464 Fax.0151 932 0663 E-mail [gp.n84020@nhs.net](mailto:gp.n84020@nhs.net)  
[www.blundellsandssurgery.nhs.uk](http://www.blundellsandssurgery.nhs.uk)



### WHAT IS EXPERIENCED BY MY CHILD...

**Prior to seizure?**  
eg. auras, triggers, etc.

### During seizure?

**Following seizure?**  
eg, incontinence, etc

Stress triggers. Her last seizure was in mid-May.  
~~Her last seizure was in~~ June unit and was recorded there.  
Paediatrics are sending a letter to Neurology about it.

### WHAT ACTION SHOULD BE TAKEN...

**Prior to seizure?**

### During seizure?

### Following seizure?

eg. timings, medication, emergency procedure, etc. eg. recovery period, notify parents, etc.

Correct hospital & parents.

**If emergency medication is required, please ensure a Medication Authorisation form has been completed.**

### SEIZURE INFORMATION

**Usual frequency  
of seizures:**

Infrequent

**Usual length  
of seizures:**

Length      seconds -  
                 Minutes.