SERVICE-AT-A-GLANCE

(MNH) Epilepsy

Location – *Are you located on one floor or in several locations in the hospital?*
- 3 North

Population – *Describe in point form the characteristics of the patient population.*
- Epilepsy

Age range
- Young adult population (varies between 18 and 30 years old mostly) but also to elder age

Impact of illness/injury
- Seizures
- Risk of falls
- Monitoring equipment (leads)
- Medication ++
- Stigma
- Social isolation

Medications: *be aware of their indications as well as side effects affecting functions and precautions*
- Keppra
- Dilantin (Phenytoin)
- Rivotril (clonazepam)
- Tegretol (carbamazepine)
- Topamax
- Frisium (clobazam)
- Epival (valproic acid)

Role – *Describe the role of your service in point form.*
- Swallowing Ax
- Functional Ax + assistance with d/c planning
- Cognitive appreciation
- Positioning
- Treatment plan (acute/chronic/end stage)
- Continuity of care (rehab/convalescence/homecare/community/LTC/palliative)

Team and Key Contacts– *Indicate if you work in a multidisciplinary team; who are the key players, staff doctors, consulting CNS's and other specialists.*

- Unit Coordinator: #1987
- Head Nurse: #00655
- Assistant Head Nurse: #09389
- Epilepsy RN: #5797
- OT: pager: 514-406-1397
- PT: ext: 8559   pager: 514-406-1378
- SLP: ext: 8902

- SW: # 5385 pager: 514-406-2501
- Dietician: ext: 8888-36512

Rounds – *List the day(s), hours and location(s) of the clinical rounds for your service.*
- N/A

Medical Tests – *Describe in point form the principle/**most frequent** risk factors that you assess specifically related to your patient population.*
- EEG
- Neuropsychology
- MRI
- FDGPET
- EEGFMRI
- MEG
- Functional MRI

Assessments - *Describe in point form the principle/**most frequent** forms that you complete specifically related to your patient population in addition to the psychosocial assessment.*
- MoCA
- Kitchen Ax

Resources - *Describe in point form the principle/**most frequent** hospital and community resources that you allocate specifically related to your patient population.*
- CRDI
- Not a lot of resources for patients with epilepsy

"Insider" Info – *List any tips, cautions, fast-tracks, templates or lists that would help facilitate a quick-start for someone new to this service.*
- Some patients with agitation; code white at times
- Most patient with psychiatry/intellectual disability component
- Rarely consults OT; the floor will page OT if new consult
- What to know/do when Sz (time and duration, onset, pattern, environment safety)