

Discharge to the school nurse: child newly diagnosed with epilepsy



Assume that today's date is 22 October 2026. Wen Song is being discharged home this afternoon. You are a registered nurse on the paediatric ward of the children's hospital. Using the information in the case notes, write a letter to Ms Chiamaka Ekanayake, the school nurse at Wen's school, informing her of Wen's diagnosis and her seizure management plan, and requesting support with her care and safety when she returns to school. Address the letter to Ms Chiamaka Ekanayake, School Nurse, Health Office, Primary School Campus, 22 Banksia Street. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O		I	C	O
Patient details				Admission			
1. Name: Wen Song	☐	☐	☐	22. Possible trigger: sleep deprivation (sleepover night before seizure)	☐	☐	☐
2. DOB: 14/03/2017 (9 yrs)	☐	☐	☐	Treatment			
3. Address: 14 Acacia Avenue	☐	☐	☐	23. Levetiracetam oral BD commenced 20/10 — given at home 07:00 & 19:00; no doses needed at school	☐	☐	☐
4. Admitted: 19/10/26; discharge: 22/10/26	☐	☐	☐	24. Possible SEs: drowsiness, irritability, mood/behaviour changes — report to mother	☐	☐	☐
Social background				25. Rescue med: buccal midazolam, dose & instructions as per Emergency Medication Management Plan; supply for school provided by mother	☐	☐	☐
5. Lives with mother & younger brother (5 yrs); father lives interstate, contact during school holidays	☐	☐	☐	26. Give midazolam if tonic-clonic seizure lasts $\geq$ 5 min; call ambulance (000) if tonic-clonic seizure reaches 5 min (even if midazolam unavailable) or whenever midazolam given; call 000 immediately if seizure in water, injury, breathing difficulty, or repeated seizures without recovery between; recovery position once jerking stops & monitor breathing	☐	☐	☐
6. Year 4 student; school swimming program Thurs afternoons this term	☐	☐	☐	27. Mother trained in midazolam administration on ward 21/10	☐	☐	☐
7. Enjoys piano; plays in school netball team	☐	☐	☐	28. Pt complained hospital food 'disgusting'; ate mainly snacks brought from home	☐	☐	☐
8. Mother works full-time, contactable by mobile during school hours	☐	☐	☐	Discharge plan			
9. Mother told staff that pt's father 'never takes her health seriously'	☐	☐	☐	29. Return to school Mon 26/10/26	☐	☐	☐
Medical history				30. Epilepsy Management Plan + Emergency Medication Management Plan enclosed for school; staff supervising pt need accredited epilepsy & midazolam training before return	☐	☐	☐
10. Tonsillectomy age 5	☐	☐	☐	31. Swimming only with constant 1:1 adult supervision in water; avoid unsupervised climbing at heights	☐	☐	☐
11. Mild asthma — salbutamol inhaler PRN (kept at school); last used 1/12 ago	☐	☐	☐	32. Record any seizures/'daydreaming' episodes (time, duration, description) & inform mother same day	☐	☐	☐
12. Immunisations up to date	☐	☐	☐	33. Regular sleep routine advised	☐	☐	☐
13. Allergies: nil known	☐	☐	☐	34. Paediatric neurology clinic f/u in 6/52 (Dr Rohit Yadav)	☐	☐	☐
14. Maternal grandmother 'had fits as a child' — no further details	☐	☐	☐	35. School camp in Nov (before f/u) — contact Dr Yadav before camp for individual risk assessment & camp mgmt advice	☐	☐	☐
15. Teacher reported brief 'daydreaming' episodes in class over last 3/12; mother noticed 2 episodes of staring + lip-smacking at home	☐	☐	☐				
Admission							
16. 19/10: generalised tonic-clonic seizure at home on waking, approx. 20 min; paramedics gave midazolam → seizure stopped	☐	☐	☐				
17. Drowsy approx. 3 hrs post-seizure, then back to normal; no further seizures in hospital	☐	☐	☐				
18. Bloods (incl. glucose, electrolytes) NAD	☐	☐	☐				
19. EEG 20/10: focal epileptiform discharges (L temporal region)	☐	☐	☐				
20. MRI brain 21/10: normal	☐	☐	☐				
21. Dx (paediatric neurology): focal epilepsy; 'daydreaming' episodes likely focal seizures	☐	☐	☐				