

Example PIP Form – Epilepsy

Please use alongside the provided guidance notes

1. Preparing food

Client's seizures are unpredictable and vary in nature (grand mal/tonic clonic, partial, focal, complex, myoclonic, absence/petit mal) and are characterised by the following features – unpredictable behaviour, drop falls, convulsions, involuntary movement, twitches, tongue biting, etc. as a result of the frequency and severity, client does not feel safe to be in the kitchen at home. Has had such frequent seizures – especially when in hot surroundings like kitchen – that would pose a significant threat to personal safety if they were expected to manage to prepare a meal using sharps, flame/hot items, glass jars and sharp tins. Memory function is so impaired due to epilepsy that they would often leave the oven or hob on and have done so in the recent past. They have tried to prepare meals using a microwave however the risk of dropping or spilling hot food and liquids poses a serious burns risk and it is reasonable that this would pose a significant danger to the client, as this has occurred previously. The client experiences complex seizures wherein they make unwise decisions due to increased seizure activity – i.e. putting spoons into the microwave and putting food directly on to a hob flame without first putting it into a pan – which also poses threat to persons and property. This person therefore requires consistent supervision to manage this activity.

2. Taking nutrition

Client's post-ictal recovery period is between 24-72 hours depending on the severity of their seizure. Currently experiencing approx. 2 grand mal seizures per week. Post-ictal recovery is characterised by complete and utter exhaustion and physical fatigue due to neurological trauma. They will spend upwards of 2 days in bed following each seizure during which time they will neglect bodily requirements including taking nutrition regularly and reliably. This indicates that for upwards of 4 days per week they would need prompting and emotional support to manage the physical exertion involved in taking nutrition reliably, which is required for their safe consumption of medication.

3. Managing Treatments

Client's frequent and unpredictable seizures make managing her medication impossible without support. Client's memory is poor and she gets confused about her medication. Her daughter will fill this up for her to ensure she understands which medication should be taken when and for what. Her medication is essential to seizure management and without support, her seizures would become even worse. Due to frequency of seizures at present, her daughter needs to frequently check in with her mum to ensure she has taken her medication and not over- or under-medicated. Client's counsellor has advised that she undertake home meditation and guided mindfulness at home in the interests of managing her anxiety and she needs to be prompted and supported in order to do this, otherwise she will neglect herself. She tries to do this for two fifteen minute intervals per day. This would mean that she requires therapy at home which takes 3.5 hours per week.

4. Washing and bathing

Client has a home wet-room with grab rails and a shower stool to ensure she is safe throughout. She still feels unsafe to bathe independently and so relies on the supervision and support of her daughter or mother to be in her property and by the bathroom door in case she should take a seizure and fall, seriously injuring herself. This is a significant and likely risk given Client's seizure frequency. She has a LifeLine installed with a falls detector included but still doesn't feel that this is a fool proof system without the human support. Without this level of support she would neglect her personal hygiene and self-care. It would not be safe to expect her to bathe without additional support and supervision. This a consistent need which is present daily.

5. Managing toilet needs

Client's management of toilet needs is impaired greatly during her seizures wherein she loses control of both bladder and bowels involuntarily and completely soils. She is incapable of cleaning herself following a seizure and she carries spare clothing with her and wears incontinence pads in case a seizure occurs. She also has a grab rail by the side of her toilet to enable her to get up in case she feels dizzy or has an absence seizure and feels her balance is impaired.

6. Dressing and undressing

When she becomes incontinent following a seizure, she requires physical help to change her clothing due to extreme fatigue and sluggishness associated with post-ictal recovery. She requires prompting to change her clothing and to recognise how long she might have been wearing the same clothing or nightclothes. This is a consistent requirement reflected by the level of daily care she receives from those around her.

7. Communicating

As her seizure severity has increased, Client has found herself with a number of issues relating to expressive dysphasia, specifically word-finding and executive communication function. This worsens when she is post-ictal.

9. Mixing with other people

Due to issues surrounding anxiety, depression and seizures combined, Client finds mixing with people outside her immediate circle of family and friends extremely traumatic and will avoid it wherever possible. She tends to avoid others and finds meeting people who do not know her to be very very distressing; she becomes tearful, agitated and cannot adequately express herself. She finds that she will overreact to stressors and become verbally very abrupt without any understanding of what is socially acceptable. She will have knee-jerk reactions to her most instinctive thoughts and will not consider consequences until after. When she does reflect on her actions, she will become disproportionately ashamed and upset by her behaviour and enter a cycle of shame and self-admonishment. She therefore requires social support to first of all motivate and prompt her to enter a social situation and secondly to help her safely manage her reactions in a way which will enable her to safeguard emotional wellbeing and not jeopardise relationships with third parties.

10. Making decisions about money

Client's financial management has significantly changed directly as a consequence of her decreased cognitive function which occurred when her epileptic seizures increased in severity. Her retention and understanding of her finances is lacking and she relies on support from her daughter to enable her to ensure she is financially managing. She does not remember the amount of money in her bank account and all of her bills have had to be made into Direct Debit payments as she cannot recall due dates or plan for future purchases.

15. – other info

Client's seizure activity is frequent and unpredictable, leaving her severely vulnerable in most areas of daily self-care and management. She has recognised triggers for her seizures including hunger, fatigue, imbalanced mood/stress and temperature. She has on average 3 tonic clonic seizures per week, 2 focal seizures per day and an unpredictable pattern of absence seizures per day. She is undergoing counselling for this and has had an increase in medication. She experiences numerous seizures daily which, due to living alone, she is unable to accurately manage and track; she struggles to describe the seizures as they make her feel confused and overwhelmed. Talking about her condition impacts her emotions and makes her feel anxious, scared and upset. She is often tearful due to impact the condition has had on her overall wellbeing.