

Delphi Survey for Seizures							
		Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)	Don't know/not within my experience
Phenobarbitone							
1.	When managing seizures occurring at EOL: I <i>have</i> prescribed Phenobarbitone at a dose higher than that recommended in the APPM formulary						
(Supp Q1.1 if agree or strongly agree to Q1)	When managing seizures occurring at EOL: I <i>have</i> prescribed Phenobarbitone at a dose higher than that recommended in the APPM formulary only with the advice of a Paediatric Neurologist						
*** (Supp Q1.2 if agree or strongly agree to Q1)	When managing seizures occurring at EOL: I <i>have</i> prescribed Phenobarbitone at a dose higher than that recommended in the APPM formulary only with the advice of a subspecialist in Paediatric Palliative Medicine						
*** (Supp Q1.3 if agree or strongly agree to Q1)	Dose prescribed, age & diagnosis of child, other medicines prescribed at the time and any adverse effects observed						
2.	For seizures occurring at EOL I <i>would</i> prescribe Phenobarbitone at a dose higher than that recommended in the APPM formulary**						
*** (Supp Q2.1 if agree or strongly agree to Q2)	Do you have a max dose of Phenobarbitone that you would prescribe to? What influences your decision to prescribe higher than the recommended APPMF dose range? What factors limit the dose prescribed?						
*** (Supp Q2.2 if disagree or strongly disagree to Q2)	Assuming that the patient is receiving maximum tolerated doses of benzodiazepine medication and phenobarbitone what additional steps would you take to manage uncontrolled seizures at EOL?						
3.	When using phenobarbitone to manage seizures at EOL I would monitor plasma phenobarbitone levels <i>as part of my usual practice</i>						
4.	When using phenobarbitone to manage seizures at EOL I would monitor plasma phenobarbitone levels <i>sometimes</i>						
5.	When using phenobarbitone to manage seizures at EOL I would <i>never</i> monitor plasma phenobarbitone levels						

	When considering prescribing steroids for EOL seizures: (NB. The following questions relate to prescribing in the context of epileptic encephalopathy, not for raised intracranial pressure related to brain tumours)						
6.	When managing seizures occurring at EOL: I have prescribed a pulse (3-5 day course) of steroids to improve seizure control						
7.	When managing seizures occurring at EOL: I would prescribe a pulse (3-5 day course) of steroids to improve seizure control						
(Supp Q7.1 if agree or strongly agree to Q6 or 7	If prescribing a pulse of steroids for seizures at EOL I would choose dexamethasone as first line						
(Supp Q7.2 if agree or strongly agree to Q6 or 7	When prescribing a pulse of steroids for seizures at EOL I would choose prednisolone as first line						
(Supp Q7.3 if agree or strongly agree to Q6 or 7	My choice of steroid (dexamethasone or prednisolone) is influenced by: (Can we have a free text box here please)						
(Supp Q7.4 if agree or strongly agree to Q6 or 7	When using steroids for seizures close to EOL: I would do this only with advice from a Paediatric Neurologist						
(Supp Q7.5 if agree or strongly agree to Q6 or 7	When using steroids for seizures close to EOL: I would do this only with advice from a Subspecialist in Paediatric Palliative Medicine						