# Seizure Action Plan

**Effective Date** _____

| This person is being treated for a seizure disorder. The information below should assist you if this person has a seizure. |
|---|

| Name | Date of Birth | |
|---|---|---|
| Parent/Guardian/Substitute Decision Maker (SDM) | Phone | Cell |
| Other Emergency Contact | Phone | Cell |
| Treating Physician | Phone | Fax |

Significant Medical History

## Seizure Information

| Seizure Type | Length | Frequency | Description/What Happens |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Seizure triggers or warning signs:                    Response after a seizure:

## Daily Medications to Prevent Seizures:

| Medication | Dosage and Time of Day Given | Comments |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |

## Basic First Aid: Care and Comfort

Please describe basic first aid procedures adapted for this person:


Does the person need time to recover after a seizure?    □ No   □ Yes
If YES, describe process for recovery and return to activity or program:

**Basic Seizure First Aid**
- Stay calm and track time
- Keep them safe
- Do not restrain
- Do not put anything in mouth
- Stay with them until fully conscious
- Record seizure in log

**For tonic-clonic seizure:**
- Protect head
- Loosen tight clothing around neck
- Keep airway open/watch breathing
- Turn them on their side once he/she is relaxed

**When is a seizure an emergency?**
- Convulsion lasts longer than 5 minutes
- Repeated seizures without regaining consciousness, or second seizure within a few minutes
- Co-morbid diabetes
- First-time seizure
- Breathing difficulties
- Resultant injury, or seizure in water
- Persistent confusion or unconsciousness
- Significant change in seizure pattern

## Emergency Response

A "seizure emergency" for this person is defined as:

**Seizure Emergency Protocol**
(Check all that apply and clarify below)

□ Call 9-1-1 for transport to _____

□ Notify parent or emergency contact/SDM

□ Administer emergency medications as indicated below

□ Notify doctor

□ Other _____

## EMERGENCY MEDICATIONS

| Medication | Dosage and Special Instructions | Expected Outcomes/Side Effects |
|---|---|---|
|  |  |  |
|  |  |  |

## SPECIAL CONSIDERATIONS AND PRECAUTIONS (regarding activities, sports, outings, etc.)

Describe any special considerations or precautions:


| **Physician Signature** | **Date** |
|---|---|
| **Patient/Parent/Guardian/SDM Signature** | **Date** |