

Seizure Action Plan

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
First	Last	

Parent/Substitute Decision Maker (SDM)	Phone	Cell
First Last		

Other Emergency Contact	Phone	Cell
First Last		

Treating Physician	Phone	Fax
First Last		

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

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

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 hospital
- Notify parent or emergency contact/SDM
- Administer emergency medications as indicated below
- Notify doctor
- Other

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 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 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