

# SEIZURE ACTION PLAN FOR

\_\_\_\_\_ (INSERT NAME HERE)



Attach Student Photo

## ABOUT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Doctors Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Seizure Type/Name: \_\_\_\_\_

What Happens: \_\_\_\_\_

How Long It Lasts: \_\_\_\_\_

How Often: \_\_\_\_\_

### Seizure Triggers:

- Missed Medicine       Lack of Sleep       Emotional Stress       Physical Stress       Missing meals  
 Alcohol/Drugs       Flashing Lights       Menstrual Cycle       Illness with high fever  
 Response to specific food, or excess caffeine      Specify: \_\_\_\_\_       Other      Specify: \_\_\_\_\_

## DAILY TREATMENT PLAN

### Seizure Medicine(s)

Name	How Much	How Often/When

### Additional Treatment/Care: (i.e.: diet, sleep, devices etc.)

\_\_\_\_\_

## ! CAUTION – STEP UP TREATMENT

Symptoms that signal a seizure may be coming on and additional treatment may be needed:

- Headache       Staring Spells       Confusion       Dizziness       Change in Vision/Auras  
 Sudden Feeling of Fear or Anxiety       Other      Specify: \_\_\_\_\_

### Additional Treatment:

- Continue Daily Treatment Plan  
• If missed medicine, give prescribed dose from above ASAP.  
• Do not give a double dose or give meds closer than 6 hours apart.
- Change to: \_\_\_\_\_ How Much: \_\_\_\_\_ How Often/When: \_\_\_\_\_
- Add: \_\_\_\_\_ How Much: \_\_\_\_\_ How Often/When: \_\_\_\_\_
- Other Treatments/Care: (i.e.: sleep, devices): \_\_\_\_\_

# SEIZURE ACTION PLAN

## DANGER-GET HELP NOW

### Follow Seizure First Aid Below

Find adult trained on rescue medication:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Record Duration and time of each seizure(s)

Call 911 if:

- Child has a convulsive seizures lasting more than \_\_\_ minutes
- Child is injured or has diabetes
- Child has repeated seizures without regaining consciousness
- Child is having breathing difficulty

**When EMS arrives, a medical provider will perform an individual assessment to determine appropriate next steps.**

### Rescue Therapy:

Rescue therapy provided according to physician's order:

## POST SEIZURE RECOVERY

### Typical Behaviors/Needs After Seizure:

- Headache     Drowsiness/Sleep     Nausea     Aggression     Confusion/Wandering     Blank Staring  
 Other Specify: \_\_\_\_\_

Reviewed/Approved by:

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## SEIZURE FIRST AID



Image adapted with permission from the Epilepsy Foundation of America

**LEARN MORE AND GET A DOWNLOADABLE VERSION OF THIS ACTION PLAN AT:**



[childneurologyfoundation.org/sudep](http://childneurologyfoundation.org/sudep)



[dannyydid.org](http://dannyydid.org)



[epilepsy.com/sudep-institute](http://epilepsy.com/sudep-institute)