

# 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:

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## 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

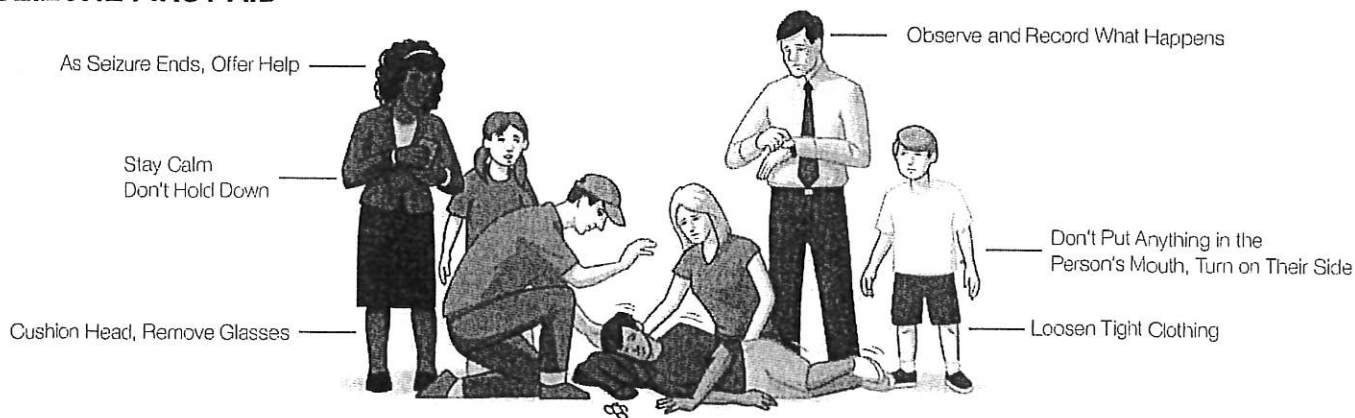


Image adapted with permission from the Epilepsy Foundation of America

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



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



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