



# My Seizure Response Plan

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 1st Emergency Contact /Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
 2nd Emergency Contact / Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## Seizure Information

Seizure Type/Nickname	What Happens	How Long It Lasts	How Often

## Triggers

\_\_\_\_\_  
 \_\_\_\_\_

## Daily Seizure Medicine

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)

## Other Seizure Treatments

Device Type: \_\_\_\_\_ Model: \_\_\_\_\_ Serial# \_\_\_\_\_ Date Implanted \_\_\_\_\_  
 Dietary Therapy: \_\_\_\_\_ Date Begun: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 Other Therapy: \_\_\_\_\_  
 \_\_\_\_\_

## Seizure First Aid

- Keep calm, provide reassurance, remove bystanders
- Keep airway clear, turn on side if possible, nothing in mouth
- Keep safe, remove objects, do not restrain
- Time, observe, record what happens
- Stay with person until recovered from seizure
- Other care needed: \_\_\_\_\_

## Call 911 if...

- Generalized seizure longer than 5 minutes
- Two or more seizures without recovering between seizures
- “As needed” treatments don’t work
- Injury occurs or is suspected, or seizure occurs in water
- Breathing, heart rate or behavior doesn’t return to normal
- Unexplained fever or pain, hours or few days after a seizure
- Other care needed: \_\_\_\_\_

## When Seizures Require Additional Help

Type of Emergency (long, clusters or repeated events)	Description	What to Do

## “As Needed” Treatments (VNS magnet, medicines)

Name	Amount to Give	When to Give	How to Give

### Health Care Contact

Epilepsy Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Nurse/Other Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_

*My signature* \_\_\_\_\_ Date \_\_\_\_\_

*Provider signature* \_\_\_\_\_ Date \_\_\_\_\_

