EPILEPSY FOUNDATION

Seizure Action Plan

Effective Date

This patient is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

Patient's Name	Date of Birth	
Caregiver	Phone	Cell
Other Emergency Contact	Phone	Cell
Treating Physician	Phone	

Significant Medical History

Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: Patient's response after a seizure:

Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

Basic Seizure First Aid

- Stay calm & track time
- Keep patient safe
- Do not restrain
- Do not put anything in mouth
- Stay with patient until fully conscious
- Record seizure in log

For tonic-clonic seizure:
- Protect head
- Keep airway open/watch breathing
- Turn patient on side

Emergency Response

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

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

- ☐ Contact nurse at _____
- ☐ Call 911 for transport to _____
- ☐ Notify caregiver or emergency contact
- ☐ Administer emergency medications as indicated below
- ☐ Notify doctor
- ☐ Other _____

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- Patient has repeated seizures without regaining consciousness
- Patient is injured or has diabetes
- Patient has a first time seizure
- Patient has breathing difficulties
- Patient has a seizure in water

Treatment Protocol During Facility Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Does patient have a **Vagus Nerve Stimulator?**   ☐ Yes   ☐ No   If YES, describe magnet use:

Special Considerations and Precautions (regarding facility activites, etc.)

Describe any special considerations or precautions:

Nurse/Physician Signature _____   **Date** _____

Caregiver Signature _____   **Date** _____

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