

# SEIZURE ACTION PLAN (SAP)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency,Contact/Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

## Seizure Information


## Protocol for seizure during school

First aid – **Stay. Safe. Side.**  
Contact school nurse at \_\_\_\_\_  
Give rescue therapy according to SAP  
Call 911 for transport to \_\_\_\_\_  
Notify parent/emergency contact  
Other \_\_\_\_\_

## First aid for any seizure

**STAY** calm, keep calm, **begin timing seizure**

Keep me **SAFE** – remove harmful objects,  
don't restrain, protect head

**SIDE** – turn on side if not awake, keep airway clear,  
don't put objects in mouth

**STAY** until recovered from seizure

Swipe magnet for VNS

Write down what happens \_\_\_\_\_ F

Other \_\_\_\_\_

## When to call 911

Seizure with loss of consciousness longer than 5 minutes,  
not responding to rescue med if available

Repeated seizures longer than 10 minutes, no recovery between  
them, not responding to rescue med if available

Difficulty breathing after seizure

Serious injury occurs or suspected, seizure in water

## When to call your provider first

Change in seizure type, number or pattern

Person does not return to usual behavior (i.e., confused for a  
long period)

First time seizure that stops on its' own

Other medical problems or pregnancy need to be checked

## When rescue therapy may be needed:

### WHEN AND WHAT TO DO

If \_\_\_\_\_ seizure (cluster, \_\_\_\_\_ # \_\_\_\_\_ or \_\_\_\_\_ length)  
\_\_\_\_\_ Name of Med/Rx  
\_\_\_\_\_ How much to give (dose) \_\_\_\_\_ How to give  
\_\_\_\_\_

If \_\_\_\_\_ seizure (cluster, \_\_\_\_\_ # \_\_\_\_\_ or \_\_\_\_\_ length)  
\_\_\_\_\_ Name of Med/Rx  
\_\_\_\_\_ How much to give (dose) \_\_\_\_\_ How to give  
\_\_\_\_\_

If \_\_\_\_\_ seizure (cluster, \_\_\_\_\_ # \_\_\_\_\_ or \_\_\_\_\_ length)  
\_\_\_\_\_ Name of Med/Rx  
\_\_\_\_\_ How much to give (dose) \_\_\_\_\_ How to give  
\_\_\_\_\_

### Care after seizure

What type of help is needed? (describe) \_\_\_\_\_

When is student able to resume usual activity? \_\_\_\_\_

### Special instructions

First Responders:

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

Emergency Department: \_\_\_\_\_  
\_\_\_\_\_

### Daily seizure medicine


### Other information

Triggers: \_\_\_\_\_

Important Medical History

Allergies

Epilepsy Surgery (type, date, side effects) \_\_\_\_\_

Device:  VNS  RNS  DBS Date Implanted \_\_\_\_\_ Diet

Therapy  Ketogenic  Low Glycemic  Modified Atkins  Other (describe) \_\_\_\_\_

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

**Health care contacts**

Epilepsy, Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

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

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

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