

MY SEIZURE PLAN

Epilepsy Foundation Eastern PA 919 Walnut Street, Suite 700 Philadelphia, PA 19107

SEIZURE FIRST AID Keep calm, provide re Keep airway clear, tui Keep safe, remove ob Time, observe, record Stay with person until Other care needed: WHEN SEIZURES REQU Type of Emerge (long, clusters or repea	rn on side if po pjects, do not r I what happen recovered fro IRE ADDITION	estrain s s m seizure		otion	What to Do	
						
"AS NEEDED" TREATMENTS (VNS magnet, medicines)						
Name	Amount	o Give	When to G	ive	How to Give	
-						
				:	•	
		•				
CALL 911 OR SEEK EN ☐ Generalized seizure I ☐ Two or more seizures ☐ "As needed" treatmer ☐ Injury occurs or is sus ☐ Breathing, heart rate ☐ Unexplained fever or ☐ Other care needed:	onger than 5 n s without recov its don't work spected, or sei or behavior do	ninutes ering betwee zure occurs esn't return	en seizures in water to normal			
HEALTH CARE CONTA	CTS					
Epilepsy Doctor:				Phone:	e:	
Nurse/Other Health Care Provider:				Phone:	e:	_
Preferred Hospital:						
PCP or Other Doctor:						
SPECIAL INSTRUCTION						_
My signature		Pro	vider signatur	e	Date	<u> </u>