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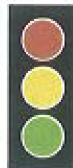
Acute Seizure Action Plan

Name:	Birth date:	Today's date:
Care partner phone numbers:	Provider name/facility: Provider phone numbers:	



Usual Seizure Pattern

Triggers:

Pattern of seizures:

Allergies:

What the seizures normally look like (Check all that apply)

Describe:

- ☐ Atonic seizure (also called drop)
- ☐ Absence seizure (also called petit mal)
- ☐ Tonic seizure
- ☐ Clonic seizure
- ☐ Focal impaired awareness seizure (also called complex partial)

NOTES:

Care

Standard Care Needed

If this happens,

provide standard care

Time the seizure	Keep person safe	Don't restrict	Stay with person	Keep a record
NOTES:	NOTES:	NOTES:	NOTES:	NOTES:

Provide Rescue Treatment

If this happens,

provide standard care (above) *and* **rescue treatment**

- ☐ Rectum
- ☐ Nose
- ☐ Mouth
- ☐ Other:

Specific instructions:

Call for Emergency Help

If any of these happen,

- ☐ Seizure longer than minutes
- ☐ Unusual seizure
- ☐ Injury/Blue lips
- ☐ **Other:**

NOTES:

Get help now

Call Healthcare Provider if:

Call for Emergency Help if:

NOTES:

Healthcare Provider Authorization

Signature: Provider Printed Name: Date: For use from: to:

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