

Individual Seizure Management Form

This child is being treated for epilepsy. The information provided in this management form will assist you if a seizure occurs.

Name: _____

Date: From _____ To _____

My Seizure Information (See back of this form for more information about seizure types)

Seizure Type	Pre-seizure Indicators	Frequency	Length	My Seizure Triggers

If you need to provide additional details regarding the information above, please attach a separate document to this form.

My Seizure Protocol (Please see the back of this form for basic first aid protocol)

Please describe any specific first aid procedures or special instructions:

Description of my post-seizure state and any action/support required:

My Daily Seizure Medications

Medication	Dose and Time Administered	Side Effects/Special Instructions

I have an allergy to medication: Yes ___ No ___ If so, please specify: _____

Emergency Treatment Protocol

Medication	Dose

Emergency Contact Information

1) Name: _____
Relation: _____ Ph. #: _____

2) Name: _____
Relation: _____ Ph. #: _____

Only Call 911 if...

- My seizure lasts longer than _____ minutes.
- I experience a cluster of _____ or more seizures.
- Consciousness, regular breathing, or heart rate does not return to normal after the seizure has ended.
- If any injury is sustained.
- My seizure occurred in water.
- Other:

My preferred hospital: _____

Child Care Centre: Name: _____ Signature: _____

Parent/Guardian/Caregiver: Name: _____ Signature: _____

Physician (optional): Name: _____ Signature: _____

DO!

- STAY CALM and time the length of the seizure
- Move dangerous objects away from them
- Protect their head
- For convulsive seizures, turn the child on their side
- Stay with the child until they have recovered from their seizure

Basic Seizure First Aid

DO NOT!

- Do not panic
- Do not put anything in their mouth
- Do not attempt to restrain them

Type of Seizure	Characteristics	First Aid
Tonic Clonic (formerly known as 'grand mal')	<ul style="list-style-type: none"> • Typically last 1-3 minutes • A sudden, hoarse cry • Loss of consciousness • A fall • Convulsions (stiffening, jerking) • May involve: loss of bladder control, shallow breathing, drooling, bluish or grey skin colour, confusion, fatigue, and/or headache afterwards 	<ul style="list-style-type: none"> • Time the seizure • Protect from injury • Loosen anything around their neck • Do not restrain • Do not put anything in mouth • Roll child onto their side once seizure subsides • Stay with child after seizure
Absence (formerly known as 'petit mal')	<ul style="list-style-type: none"> • Typically last 10 seconds • A sudden, blank stare • Impaired awareness • May involve: rapid blinking, eyes rolling upward • Alertness regained quickly after seizure 	<ul style="list-style-type: none"> • Generally not required. During a seizure, remove the child from any activities that pose a risk (e.g. swimming)
Focal Without Loss of Awareness (formerly known as 'simple partial')	<ul style="list-style-type: none"> • May last for a few seconds or minutes • Full awareness regained • May involve: twitching, unusual sensations, sudden overwhelming feelings • May be an aura (sudden unusual sensation, feeling, movement) that can transition into Focal Unaware seizure 	<ul style="list-style-type: none"> • Generally not required as child remains awake
Focal Dyscognitive (formerly known as 'complex partial')	<ul style="list-style-type: none"> • Typically lasts 1-2 minutes • Altered awareness and appears dazed, confused • Often begins with an aura (sudden unusual sensation, feeling, movement) • Clumsy or disoriented movements (e.g. chewing motions, aimless walking, picking things up) • Confusion and disorientation after seizure 	<ul style="list-style-type: none"> • Stay with the child • Move dangerous objects away • Do not restrain • Gently guide child away from danger • After the seizure, talk to the child reassuringly
Atonic	<ul style="list-style-type: none"> • Typically lasts a few seconds • Sudden loss of muscle tone • A fall, dropping objects, head nodding • Loss of awareness 	<ul style="list-style-type: none"> • Difficult to intervene as seizure occurs suddenly. Check for injury following a fall
Myoclonic	<ul style="list-style-type: none"> • Typically lasts a few seconds • Sudden jerk of part of the body • Sometimes a fall • Awareness retained 	<ul style="list-style-type: none"> • Difficult to intervene as seizure occurs suddenly. Check for injury following a fall
Infantile Spasms	<ul style="list-style-type: none"> • Typically lasts a few seconds, but may occur in a cluster of 5-50 or more • Sudden flexing forward of head and arms • Sudden drawing up of knees, raising of both arms • Sudden body flexing at waist 	<ul style="list-style-type: none"> • Protect from any potential risk of injury