

Individual Seizure Management Form

Epilepsy Toronto 1425 Bayview Ave, Suite 110 Toronto, ON, M4G 3A9 Phone: (416) 964-9095 info@epilepsytoronto.org

This child is being treated for epilepsy.

The information provided in this management form will assist you if a seizure occurs.

Emergency Contact Information

Relation: Ph. #:

1) Name:

2) Name:__

Name:

form will assist you if a seizure occurs.			Date: From		To
My Seizure Info	rmation	(See back of this fo	rm for more in	formation abo	ut seizure types)
Seizure Type		e-seizure dicators	Frequency	Length	My Seizure Triggers
If you need to provide additional	details regarding	the information above, plea	se attach a separate do	ocument to this form	1.
My Seizure Pro	tocol (Plea	ise see the back of t	his form for ba	sic first aid pr	otocol)
Please describe any specific first aid procedures or special instructions:		Description of my post-seizure state and any action/support required:			
My Daily Seizure M	ledication	f s			
Medication		Dose and Time Administered		Side Effects/Special Instructions	
I have an allergy to n	nedication:	Yes No	If so, please	specify:	
Emergency Trea	atment P	rotocol			
Medicatio	n	Dose	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:

Relation: Ph. #:	
Child Care Centre: Name:	Signature:
Parent/Guardian/Caregiver: Name:	Signature:
Physician (optional): Name:	Signature:



Seizure Types and First Aid

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DO!

Basic Seizure First Aid

DO NOT!

- 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

- 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')	 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 	 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')	 Typically last 10 seconds A sudden, blank stare Impaired awareness May involve: rapid blinking, eyes rolling upward Alertness regained quickly after seizure 	Generally not required. During a seizure, remove the child from any activities that pose a risk (e.g. swimming)
Focal Aware (formerly known as 'simple partial')	 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 	Generally not required as child remains awake
Focal Impaired Awareness (formerly known as 'complex partial')	 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 	 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	 Typically lasts a few seconds Sudden loss of muscle tone A fall, dropping objects, head nodding Loss of awareness 	Difficult to intervene as seizure occurs suddenly. Check for injury following a fall
Myoclonic	 Typically lasts a few seconds Sudden jerk of part of the body Sometimes a fall Awareness retained 	Difficult to intervene as seizure occurs suddenly. Check for injury following a fall
Infantile Spasms	 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 	Protect from any potential risk of injury