



MY PERSONAL SEIZURE PLAN

I am being treated for Epilepsy. The information below should assist you if a seizure occurs.

My Name: _____ My Phone #: _____

SEIZURE INFORMATION

Seizure Type	What Happens (before, during & after)	How Long It Lasts	How Often It Occurs

TRIGGERS:

DAILY SEIZURE MEDICATION(S)

Last updated on (date): _____

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	Time of Each Dose and How Much

OTHER SEIZURE TREATMENTS

Device Type: _____

Model: _____ Serial #: _____ Date Implanted: _____

Special Instructions: _____

Allergies: _____

MY SEIZURE PROTOCOL:

1. Follow procedure for basic seizure first aid. Note: A seizure is not always a medical emergency.

Basic Seizure First Aid:

- ✓ **Stay Calm**
- ✓ Move dangerous objects away
- ✓ Keep airway clear, turn on side if possible
- X Do NOT put anything in mouth
- X Do NOT attempt to restrain
- ✓ Time and record length of seizure
- ✓ Stay with the person until they are recovered from the seizure, provide reassurance and help to reorient them

2. Rescue medication:

Name: (ex. Ativan) _____

Dosage: _____

How to Administer:

Where to find it:

3. Call my emergency contact (below), if:

4. Call 911 if...

- If seizure lasts longer than _____ minutes
- A cluster of _____ or more seizures
- Consciousness, regular breathing, or heart rate does not return after the seizure has ended
- If any injury is sustained
- Seizure occurred in water
- Other:

EMERGENCY CONTACTS

1) Name: _____ Relationship: _____ Phone #: _____

2) Name: _____ Relationship: _____ Phone #: _____

HEALTH CARE CONTACTS

Doctor: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

SPECIAL INSTRUCTIONS or NOTES:

SIGNATURE: _____ Date: _____