SEIZURE ACTION PLAN (SAP)

How to give ___



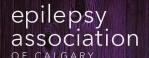
Name:			Birth Date:		
Address:		Phone:			
Parent/Gaurdian:		Phone:			
EmergencyContact/Relationship ——		Phone:			
SEIZURE INFOR	MATION				
Seizure Type	How Long It Lasts	How Often	What Happens		
Harrika wasanawa					
How to respon	nd to a seizure				
☐ First aid – Stay. Safe. Side.			☐ Notify emergency contact at		
☐ Give rescue therapy a	ccording to SAP	☐ Cal	Il 911 for transport to		
☐ Notify emergency conf	tact	☐ Oth	ner		
A F :			// I II O44		
First aid for	any seizure		When to call 911		
$\hfill \square$ STAY calm, keep calm, begin timing seizure			 Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available 		
☐ Keep me SAFE – remove harmful objects,			☐ Repeated seizures longer than 10 minutes, no recovery between		
don't restrain, protect head SIDE – turn on side if not awake, keep airway clear,		. 🗆	them, not responding to rescue med if available Difficulty breathing after seizure		
don't put objects in mouth		,	☐ Serious injury occurs or suspected, seizure in water		
$\ \square$ STAY until recovered from seizure			When to call your provider first		
☐ Swipe magnet for VNS			☐ Change in seizure type, number or pattern		
☐ Write down what happens			Person does not return to usual behavior (i.e., confused for a		
□ Other			long period) First time seizure that stops on its' own		
			Other medical problems or pregnancy need to be checked		
When rescu	ue therapy may	v be need	ded:		
WHEN AND WHAT TO D		, 25 . 1000			
Name of Med/Rx					
How to give					
If seizure (cluster, # or len	ngth)				
			How much to give (dose)		
How to give					
If seizure (cluster # or len	nath)				
Name of Med/Rx					

Seizure Action Plan continu	ued		
Care after seizu			
When is person able to r	esume usual activity?		
Special instruct	ions		
First Responders:			
Emergency Department:			
Daily seizure m	edicine		
Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)
Other information	on	1	
Triggers:			
Important Medical History			
Allergies			
Epilepsy Surgery (type, dat	e, side effects)		
Device: ☐ VNS ☐ RNS	☐ DBS Date Implan	ted	

Health care contacts

Diet Therapy ☐ Ketogenic ☐ Low Glycemic ☐ Modified Atkins ☐ Other (describe) _____

Special Instructions:



Provider signature_____

____ Date __