My Child's Seizure Action Plan

NAME: _____ **Date of Birth:** _____

Place Photo here

Parent/Guardian:_____ Phone: _____ Cell:_____
Parent/Guardian:_____ Phone: _____ Cell:_____
Other contact:_____ Phone: _____ Cell:_____
Primary provider:_____ Phone: _____
Specialist:_____ Phone: _____
Hospital Preference: _____

Significant medical history:_____
_____
_____
_____

Daily and Emergency Medicines:

Daily Medicines	Dose & Time of Day Given	Common Side Effects & Special Instructions

Emergency/Rescue Medicines

Name of medicine	How to give & How much	When to give medicine	Common Side Effects and Special Instructions

Does my child have a **Vagus Nerve Stimulator (VNS)**? YES NO
If YES, describe magnet use _____
_____

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: *(regarding activities, sports, trips, etc.)*
_____
_____
_____

Continued on back

SEIZURE INFORMATION:

What do I need to avoid to reduce my seizures? _____

_____

_____

_____

What does my/my child's seizure look like?	*What do I or does my child need for this?*	*What do I or my child need after this?*
	Basic Seizure First Aid: ✓ Stay calm & track time ✓ Keep me/my child safe ✓ Do not restrain me ✓ Do not put anything in mouth ✓ Stay with my/my child until fully awake ✓ Record seizure in log <u>For tonic-clonic (grand mal) seizure:</u> ✓ Protect head ✓ Keep airway open/watch breathing ✓ Turn me/my child on side	
What is a "seizure emergency" for you/ your child?	**A seizure is generally considered an emergency when:** ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes ✓ I/my child has repeated seizures without regaining consciousness ✓ I/my child has a first time seizure ✓ I/my child is injured or has diabetes ✓ I/my child has breathing difficulties ✓ I/my child has a seizure in water	☐ Call 911 for transport to : _____ _____ ☐ Notify parent or this emergency contact: Name:_____ Number: _____ ☐ Notify doctor_____ _____ ☐ Administer emergency medicines as indicated above ☐ Other_____ _____ _____

Physician Name and Signature: _____ Clinic: _____ Date: _____

Parent Name and Signature: _____Date: _____