

SEIZURE ACTION PLAN (SAP)



END EPILEPSY

Name: _____ Birth Date: _____
Address: _____ Phone: _____
Parent/Guardian: _____ Phone: _____
Emergency Contact/Relationship _____ Phone: _____








Seizure Information

Seizure Information			





Protocol for seizure during school (check all that apply)

- First aid – Stay. Safe. Side.
- Give rescue therapy according to SAP
- Notify parent/emergency contact
- Contact school nurse at _____
- Call 911 for transport to _____
- Other _____





First aid for any seizure

-  **STAY** calm, keep calm, begin timing seizure
-  **Keep me SAFE** – remove harmful objects, don't restrain, protect head
-  **SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
-  **STAY** until recovered from seizure
-  Swipe magnet for VNS
-  Write down what happens _____
-  Other _____

When to call 911

-  Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
-  Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
-  Difficulty breathing after seizure
-  Serious injury occurs or suspected, seizure in water

When to call your provider first

-  Change in seizure type, number or pattern
-  Person does not return to usual behavior (i.e., confused for a long period)
-  First time seizure that stops on its' own
-  Other medical problems or pregnancy need to be checked



When rescue therapy may be needed:

WHEN AND WHAT TO DO

If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

If seizure (cluster, # or length) _____

Name of Med/Rx _____ How much to give (dose) _____

How to give _____

Care after seizure

What type of help is needed? (describe) _____

When is student able to resume usual activity? _____

Special instructions

First Responders: _____

Emergency Department: _____

Daily seizure medicine

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)

Other information

Triggers: _____

Important Medical History _____

Allergies _____

Epilepsy Surgery (type, date, side effects) _____

Device: VNS RNS DBS Date Implanted _____

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

Special Instructions: _____

Health care contacts

Epilepsy Provider: _____ Phone: _____

Primary Care: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Pharmacy: _____ Phone: _____

My signature _____ Date _____

Provider signature _____ Date _____