SEIZURE ACTION PLAN (SAP)

How to give _





Name:			Birth Date:		
Address:			Phone:		
Emergency Contact/Relations	ship		Phone:		
Seizure Informat	ion				
Seizure Type	Seizure Type How Long It Lasts		What Happens		
How to respon	d to a seizure	(check all t	hat apply) 🔽		
☐ First aid – Stay. Safe. S			otify emergency contact at		
☐ Give rescue therapy according to SAP			☐ Call 911 for transport to		
☐ Notify emergency contact		□ O:	☐ Other		
First aid for a	any seizure	V	When to call 911		
☐ 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	_		Repeated seizures longer than 10 minutes, no recovery between		
don't restrain, protect hea		r. \Box	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		
☐ 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 long period) 		
		_	First time seizure that stops on its' own		
			Other medical problems or pregnancy need to be checked		
When rescu	ue therapy ma	y be nee	ded:		
WHEN AND WHAT TO DO	0				
If seizure (cluster, # or leng	gth)				
Name of Med/Rx					
How to give					
If seizure (cluster, # or len	gth)				
Name of Med/Rx					
How to give					
If seizure (cluster, # or len	gth)				
Name of Med/Rx			How much to give (dose)		

Care after seiz						
What type of help is needed? (describe)						
Special instruc						
•						
I list Responders						
Emergency Departmen	t:					
Daily seizure n	nedicine					
Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)			
Other informat	ion					
Triggers:						
Important Medical History	·					
Allergies						
Epilepsy Surgery (type, da	nte, side effects)					
Device: ☐ VNS ☐ RNS	S □ DBS Date Implant	ed				
Diet Therapy ☐ Ketogen	nic \square Low Glycemic \square	Modified Atkins	ther (describe)			
Special Instructions:						
Health care contacts	;					
Epilepsy Provider:			Phone:			
Primary Care:			Phone:			
Preferred Hospital:			Phone:			
Pharmacy:			Phone:			
My signature			Date			
Provider signature			Date			



