

Seizure Action Plan



Keep this Action Plan handy at all times. It will also be useful for emergency responders should the information be needed.

Name: _____ Date of Birth: _____

Address: _____

Postcode: _____

1st Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

2nd Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Cause of seizures suffered (if cause/condition is known)

Type of seizure suffered (describe the symptoms usually displayed and the usual length of a seizure)

Known Triggers (this information may help, if a trigger source can be removed from the situation, e.g. flashing lights)

Specific Treatment (is there any medication that should be given, including dose, is there anything to avoid, i.e. allergies?)

When to call 999 (instructions specific to your situation, note previous comment regarding children supporting seizure)

After Care (is there anything specific that helps recovery?)

First Aid for any Seizure

- ☑ **STAY** calm, keep calm, reassure and begin timing the seizure
- ☑ Keep me **SAFE** – remove harmful objects, don't restrain, protect my head
- ☑ **SIDE** – turn on my side if not awake, keep airway clear, don't put objects in mouth
- ☑ **STAY** until recovered from seizure
- ☑ **WRITE** down what happened and for how long

When to call 999 (General guidance)

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