



# SEIZURE MANAGEMENT PLAN

DATE :

*This person experiences seizures. This plan provides important information that helps manage their seizures and step by step instructions for assisting during a seizure.*

Person with Epilepsy: Personal Details		
<b>Name</b>		
<b>Date of Birth</b>		
<b>Address</b>		
<b>Email</b>		
<b>Phone</b>		
Emergency Contacts		
<b>Relationship</b>	<b>Name</b>	<b>Phone</b>
Medical History		
<b>Medical History</b> <i>(other conditions such as asthma)</i>		
<b>Seizure History</b>		
<b>Known Allergies</b>		
<b>Medication name(s)</b>		
<b>Emergency Medication</b> (if prescribed) <i>See emergency medication order attached</i>	<b>Medication name:</b> <b>Route:</b> (intranasal, buccal) <b>Seizure type to administer:</b>	

Name:

Date:

## Seizure Type 1

<b>Type</b> (if known)	<b>Description:</b>  <b>How long does it last?</b> <b>How frequently do they occur?</b>
<b>Triggers &amp; Management</b> e.g. Overtiredness – avoid overexertion and keep routine sleep patterns	
<b>Warning signs of seizure</b> e.g. mood change	
<b>What to do</b> (first aid)	
<b>When to call an ambulance</b>	
<b>Recovery</b> (what to do after seizure)	

Name:

Date: