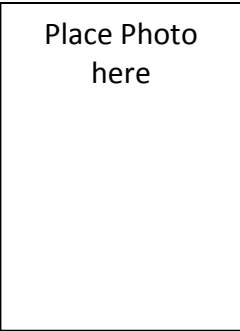




# My Child's Seizure Action Plan

Child's Name: \_\_\_\_\_

*Not another moment lost to seizures*



Family to complete this page: Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phones: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phones: \_\_\_\_\_

Other contact: \_\_\_\_\_ Phones: \_\_\_\_\_

Primary provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Important medical history to know: (include hospital stays, surgeries, etc.) \_\_\_\_\_

\_\_\_\_\_

Special Considerations and Safety Concerns (for activities, sports, trips, etc.) \_\_\_\_\_

\_\_\_\_\_

What my child's seizures look like:      During a seizure, my child needs:      After a seizure my child needs:

	<p><b>Basic Seizure First Aid:</b></p> <ul style="list-style-type: none"> <li>• Stay calm &amp; track time</li> <li>• Keep my child safe</li> <li>• Do not restrain my child</li> <li>• Do not put anything in mouth</li> <li>• Stay with my child until awake</li> <li>• Record seizure in log</li> </ul> <p><b>Tonic-Clonic (grand mal) seizure:</b></p> <ul style="list-style-type: none"> <li>• Protect head</li> <li>• Keep airway open</li> <li>• Watch breathing</li> <li>• Turn my child on side</li> </ul>	
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Please share the information on both pages of this form with the following people at school: \_\_\_\_\_

\_\_\_\_\_

I understand the nurse may communicate with the provider for questions or clarification of medication orders that is standard practice and will release the information only to those I designate above:

Parent Name and Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# My Child's Seizure Action Plan

Child's Name: \_\_\_\_\_

*Not another moment lost to seizures*

**This section to be completed by the Nurse Practitioner or Physician:**

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

Does your child have a **Vagus Nerve Stimulator (VNS)**? \_\_\_Yes \_\_\_No ( If yes, please attach a VNS information sheet)

Additional Comments: \_\_\_\_\_

## Emergency Medicines

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

### Treat my child's seizure as an emergency if:

- A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- My child has many seizures in a row without waking up
- My child is injured
- My child has breathing difficulties
- My child has a seizure in water
- Other:

### For a seizure emergency:

- Call 911 transport to hospital:
- Notify parent or this emergency contact:  
Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
- Notify doctor:  
Phone number: \_\_\_\_\_
- Administer emergency medicines indicated
- Other:

Physician Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is active from \_\_\_\_\_ to \_\_\_\_\_