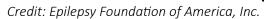
Seizure Action Plan (SAP)







Name:			Birth Date:	
Address:			none:	
Emergency Contact/Relations	hip:	Phone:		
Seizure Information				
Seizure Type How to respond to a seizure (How Long It Lasts	How Often When to call 911	What Happens	
How to respond to a seizure (check all that apply) First aid – Stay. Safe. Side. Give rescue therapy according to SAP Notify Emergency contact at		 □ 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 		
		 □ 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 n When and What to do				
If seizure (cluster, # or length): Name of Med/Rx: How to give:				
If seizure (cluster, # or length) Name of Med/Rx:):	How to give (dose):	
):	How to give (

Seizure Action Plan (SAP)





Care After Seizure					
What type of help is needed? (describe) :					
When is person able to resume usual activity?:					
Special Instructions					
First Responders:					
Emergency Departments:					
Daily Seizure Medicir			How Taken		
Medicine Name	Total Daily Amount	Amount of Tab/Liquid	(time of each dose and how much)		
Other Information					
Triggers:					
Important Medical History:					
Allaurian					
Allergies:					
Epilepsy Surgery (type, date, side effect): Device: VNS RNS Date Implemented:					
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:			