SEIZURE ACTION PLAN (SAP)

How to give _





Name:	1995	Birth Date:			
Address:		Phone:			
Emergency Contact/Relationship			Phone:		
Seizure Informatio	n				
Seizure Type How Long It Lasts		How Often	What Happens		
How to respond	to a seizure	(check all t	hat apply)		
☐ First aid — Stay. Safe. Side			otify emergency contact at		
☐ Give rescue therapy according to SAP			□ Call 911 for transport to		
□ Notify emergency contact			Other		
First aid for an	y seizure	V	Vhen 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 harmful objects, don't restrain, protect head			Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available		
☐ SIDE – turn on side if not awake, keep airway clear, don't put objects in mouth		,	 □ Difficulty breathing after seizure □ Serious injury occurs or suspected, seizure in water 		
☐ STAY until recovered from seizure		Ιv	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		
Other		_ _	long period) ☐ First time seizure that stops on its' own		
			Other medical problems or pregnancy need to be checked		
Whon receive	the war wa	v ho noo	dod		
When rescue	пегару па	y be nee	ded.		
WHEN AND WHAT TO DO					
			How much to give (dose)		
Name of Med/Rx					
If seizure (cluster, # or length					
Name of Med/Rx			How much to give (dose)		
How to give					
If seizure (cluster, # or length)				
Name of Med/Rx			How much to give (dose)		

Care after seizi						
When is person able to resume usual activity?						
Special instruct	tions					
		25				
Emergency Department	:					
Daily seizure m	nedicine					
Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)			
			33 10 Memory			
Other informati	ion					
Triggers:						
Important Medical History	*					
Allergies						
Epilepsy Surgery (type, date, side effects)						
Device: UNS RNS Date Implanted						
Diet Therapy	ic 🛘 Low Glycemic 🔻	Modified Atkins ☐ O	ther (describe)			
Special Instructions:						
Health care contacts						
Epilepsy Provider:			Phone;			
Primary Care:			Phone:			
Preferred Hospital:			Phone:			
Pharmacy:			Phone:			
My signature			Date			
Provider signature			Date			





