

Seizure Action Plan for Teens

What Is a Seizure Action Plan?

A Seizure Action Plan is a form that tells other people how to help after you have a seizure. Your Seizure Action Plan will tell people what to do when you have a seizure, who to call, your doctor's name, your medications, when to call 911, and lots of other information.¹

Why Should I Use a Seizure Action Plan?

A Seizure Action Plan will allow your family, friends, and people at school to help you after you have a seizure by following steps you've created.¹





How Do I Use a Seizure Action Plan?

- Work with your parent or guardian to fill out as much information as you can in the Seizure Action Plan form¹
- Work with your healthcare provider who helps manage your epilepsy to fill out any information that you or your parent or guardian don't know. For example, you might need your healthcare provider's help with the following sections¹:
 - When Seizures Require Additional Help
 - As-needed Treatments
 - Special Instructions
- Your parent or guardian and your healthcare provider should both sign and date the Seizure Action Plan at the bottom of the form after the plan is completed
- Review your Seizure Action Plan with your healthcare team and family, friends, and school personnel at least once a year (or more often if your seizures or your treatment changes)¹





- Make a list of people who need to know about your seizures, including family, friends, and school personnel¹
- Keep a copy in a central place in your home¹
- Give each person a copy of your completed Seizure Action Plan¹
- Keep a copy of your Seizure Action
 Plan with you (in your backpack, pocket, wallet, or purse)¹



Remember that seizure first aid classes are complimentary through the Epilepsy Foundation. Contact your local chapter. ²



Teen Seizure Action Plan^{3,4}

This person is being treated for a seizure disorder. The information below may be helpful if you are present when the person has a seizure, or as the person is recovering. Name Address Date of birth Parent/Guardian Emergency Contact Name Phone Other Emergency Contact Name Phone Important Medical History **My Seizure Information** Frequency Description Seizure Type Length Usual Response After a Seizure Seizure Triggers or Warning Signs **Daily Seizure Medications Medication Dose** How Many Pills Do You Take and How Many Times Per Day **Medication Name** (how many milligrams, (brand name and generic name) or mg, in each pill) (instructions on the prescription bottle)



Other Seizure Treatments				
Type of Device (such as a vagus nerve stimulator)	Model	Serial Number	Date Implanted	
(Such as a vagus herve sumulator)				
Nutritional Therapy (type of dietary therapy and date started)				
(type of dietary therapy and date started)			

Basic First Aid

- Keep calm, provide reassurance, remove bystanders
- Keep person safe, remove objects around them, do not restrain
- Time the seizure, observe what happens, write down what happens
- Stay with the person until they recover from the seizure
- Other care needed for this person:

Any Other Type of Therapy or Special Instructions

Additional ways to help during a convulsive (tonic-clonic) seizure:

- Protect person's head
- Keep airway open, make sure nothing is in mouth, watch breathing
- Turn person on side, if possible



When Seizures Require Additional Help		
Type of Emergency for This Person (for example, a long seizure, clusters of seizures, or repeated seizures)	Description	What to Do



Seizure Emergency Protocol at School

A seizure emergency for this student is o	lefined as:	□ Contact school nurse□ Call 911 for transpor□ Notify parent/guardia	add instructions as needed) e at: t to: an or emergency contact cy medications as noted above		
Special Instructions					
For example, if the seizure occurs in school, does the person need to leave the classroom after a seizure?					
☐ Yes ☐ No					
If YES, describe process for returning to classroom:					
List any special considerations and precautions for school activities, sports, trips, etc:					
As-needed Treatments					
Treatment Name (for example, vagus nerve stimulator					
[VNS] magnet, specific medication)	When to Give	Amount to Give	How to Give		



Call 911 or Seek Emergency Help In Any of the Following Situations

- Generalized seizure that lasts longer than 5 minutes, unless otherwise noted on this form in the "When Seizures Require Additional Help" section above
- 2 or more seizures without recovering between seizures
- If "As-needed" treatments listed on this form don't work
- Injury occurs or is suspected, or seizure occurs in water
- Breathing, heart rate, or behavior doesn't return to normal
- Unexplained fever or pain that happens hours or a few days after seizure
- Other emergency care needed for this person:

Healthcare Contacts	
Epilepsy Doctor	Phone
Primary Care or Other Healthcare Provider	Phone
Preferred Hospital	Phone
Pharmacy	Phone
Parent/Guardian Signature	Healthcare Provider Signature
Date	Date

Epilepsy Foundation. Seizure Response Plans 101. http://www.epilepsy.com/get-help/managing-your-epilepsy/seizure-response-plans-101.
 Published August 2013.

^{2.} Epilepsy Foundation of Michigan. Community Education. http://www.epilepsymichigan.org/page.php?id=334. 2011.

 $^{3. \}quad \text{Epilepsy Foundation. My Seizure Plan.} \ \underline{\text{http://www.epilepsy.com/sites/core/files/atoms/files/myseizureplan.pdf}}.\ 2007.$

^{4.} Epilepsy Foundation. Seizure Action Plan. http://epilepsy.prod.acquia-sites.com/sites/core/files/atoms/files/seizure-action-plan-pdf_0.pdf. 2008.