

# Seizure Emergency Response Plan



DOB \_\_\_\_\_

First name \_\_\_\_\_

PHN: \_\_\_\_\_

Last Name \_\_\_\_\_

## EMERGENCY OVERVIEW

Seizure Type(s): \_\_\_\_\_

Typical Duration: \_\_\_\_\_

Rescue Medication (if prescribed): \_\_\_\_\_

Known High-Risk Features: \_\_\_\_\_

\_\_\_\_\_

Epilepsy Diagnosis:

## WHAT A TYPICAL SEIZURE LOOKS LIKE FOR MY CHILD

Note:

## COMMON SIGNS DURING SEIZURE

- Stiffening
- Jerking movements
- Eye deviation
- Unresponsive
- Breathing changes
- Color change
- Other:

Note:

Note:



TIMING

Usual seizure length: \_\_\_\_\_

Recovery time: \_\_\_\_\_

Note:

PATTERN NOTES

Occurs during: sleep / awake / illness / other

Known triggers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Be aware of:

BREATHING / COLOR CHANGES TO WATCH

Typical breathing during seizure: \_\_\_\_\_

Typical color changes: \_\_\_\_\_

Note:

Note:



### RESCUE MEDICATION PLAN

*(To be completed with medical team)*

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

When to give: \_\_\_\_\_

Note

### AFTER GIVING MEDICATION

What to expect:

Be aware of:

### DURING A SEIZURE

- Stay with the child
- Keep them safe (remove hazards)
- Place on their side if possible
- Time the seizure
- Observe breathing and color

Note:

Note:



SEIZURE IS AN EMERGENCY IF:

- *Breathing stops or is significantly abnormal*
- *Color turns blue, grey, or pale*
- *Seizure lasts longer than \_\_\_\_\_ minutes*
- *Repeated seizures without recovery*
- *Seizure looks different than usual*
- *Child is not waking or responding after seizure*
- *Parent/caregiver feels something is wrong*

Note

AFTERCARE

- Allow time for recovery
- Monitor breathing and responsiveness
- Provide comfort

Be aware of:

DOCUMENT THE EVENT

- Time seizure started: \_\_\_\_\_
- Length: \_\_\_\_\_
- What it looked like: \_\_\_\_\_
- Breathing/color changes: \_\_\_\_\_
- Medication given: \_\_\_\_\_

Note:

