SEIZURE ACTION PLAN (SAP)

How to give _





Name:		Birth Date:			
Address:			Phone:		
Emergency Contact/Relations	hip		Phone:		
Seizure Informati	ion				
Seizure Type	How Long It Lasts	How Often	What Happens		
How to respond	d to a seizure	(check all t	hat apply) 🔽		
☐ First aid – Stay. Safe. Si	ide.	□ No	otify emergency contact at		
☐ Give rescue therapy according to SAP			III 911 for transport to		
☐ Notify emergency conta	oct	☐ Ot	her		
First aid for any seizure STAY calm, keep calm, begin timing seizure Keep me SAFE – remove harmful objects, don't restrain, protect head SIDE – turn on side if not awake, keep airway clear, don't put objects in mouth STAY until recovered from seizure Swipe magnet for VNS Write down what happens Other		r,	When to call 911 □ 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 □ Difficulty breathing after seizure □ Serious injury occurs or suspected, seizure in water When to call your provider first □ 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 rescu	e therapy ma	y be nee	ded:		
WHEN AND WHAT TO DO					
			How much to give (dose)		
How to give					
Name of Med/Rx					
How to give					
	gth)				
Name of Med/Rx			How much to give (dose)		

Care after seiz							
What type of help is needed? (describe) When is person able to resume usual activity?							
Special instruc	tions						
First Responders:							
Emergency Department	t:						
Daily seizure m	nedicine						
Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how	/ much)			
Other informat	ion	·					
Triggers:							
Important Medical History							
Allergies							
Epilepsy Surgery (type, da	te, side effects)						
Device: ☐ VNS ☐ RNS	S □ DBS Date Implant	ed					
Diet Therapy ☐ Ketogen	ic \square Low Glycemic \square	Modified Atkins □ O	ther (describe)				
Special Instructions:							
Health care contacts	<u> </u>						
Epilepsy Provider:			Phone:				
Primary Care:			Phone:				
Preferred Hospital:			Phone:				
Pharmacy:			Phone:				
My signature			Date				
Provider signature			Date				



