SEIZURE ACTION PLAN (SAP)





Name:	Birth Date:
Address:	Phone:
Emergency Contact/Relationship	
Seizure Information	
Seizure Type How Long It Lasts	How Often What Happens
	What happens
How to respond to a seizure (c	check all that apply)
☐ Give rescue therapy according to SAP	☐ Call 911 for transport to
☐ Notify emergency contact	□ Other
First aid for any seizure	When 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
SIDE – turn on side if not awake, keep airway clear,	them, not responding to rescue med if available Difficulty breathing after seizure
don't put objects in mouth	 Serious injury occurs or suspected, seizure in water
STAY until recovered from seizure	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 long period)
	First time seizure that stops on its' own
	Other medical problems or pregnancy need to be checked
When rescue therapy may	be needed:
WHEN AND WHAT TO DO	
Name of Med/Rx	- · · · · · · · · · · · · · · · · · · ·
How to give	
If seizure (cluster, # or length)	
Name of Med/Rx	
How to give	
If seizure (cluster, # or length)	
Name of Med/Rx	
How to give	

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)
		_	

Other information

Triggers:

Important Medical History	
Allergies	
Epilepsy Surgery (type, date, side effects)	
Device: UNS RNS DBS Date Implanted	
Diet Therapy 🔲 Ketogenic 🔲 Low Glycemic 🔲 Modified Atkin	s 🗆 Other (describe)
Special Instructions:	

Health care contacts

Epilepsy Provider:	Phone:
Primary Care:	Phone:
Preferred Hospital:	Phone:
Pharmacy:	Phone:
My signature	Date
Provider signature	Date





