



Epilepsy
Action
Australia
life changing impact



SEIZURE MANAGEMENT PLAN

DATE :

This person experiences seizures. This plan provides important information that helps manage their seizures and step by step instructions for assisting during a seizure.

| Person with Epilepsy: Personal Details | | |
|---|---|-------|
| Name | | |
| Date of Birth | | |
| Address | | |
| Email | | |
| Phone | | |
| Emergency Contacts | | |
| Relationship | Name | Phone |
| | | |
| | | |
| | | |
| | | |
| Medical History | | |
| Medical History <i>(other conditions such as asthma)</i> | | |
| Seizure History | | |
| Known Allergies | | |
| Medication name(s) | | |
| Emergency Medication (if prescribed) See emergency medication order attached | Medication name: Route: (intranasal, buccal) Seizure type to administer: | |

Name:

Date:

| Seizure Type 1 | |
|---|--|
| Type (if known) | Description: How long does it last? How frequently do they occur? |
| Triggers & Management e.g. Overtiredness – avoid overexertion and keep routine sleep patterns | |
| Warning signs of seizure e.g. mood change | |
| What to do (first aid) | |
| When to call an ambulance | |
| Recovery (what to do after seizure) | |

Name:

Date:

| Seizure Type 2 | |
|---|--|
| Type (if known) | Description: How long does it last? How frequently do they occur? |
| Triggers & Management e.g. Overtiredness – avoid overexertion and keep routine sleep patterns | |
| Warning signs of seizure e.g. mood change | |
| What to do (first aid) | |
| When to call an ambulance | |
| Recovery (what to do after seizure) | |

Name:

Date:

| Special Considerations | |
|--|--|
| Safety Considerations | |
| Supervision Needs eg transport, excursions | |
| Other Instructions | |
| Endorsement by Treating Doctor | |
| Doctor's Name | |
| Telephone | |
| Doctor's Signature | |
| Date | |
| Date for plan review | |

 [Seizure First Aid Poster](#)

 [Administration of Emergency Medications for Seizures Order Form](#)

Name:

Date: