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 *(other conditions such as asthma)*	
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:

Seizure Type 3	
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:

