

Seizure First Aid

How to help someone having a seizure

01

STAY WITH THE PERSON UNTIL THEY ARE AWAKE AND ALERT AFTER THE SEIZURE

- Remain calm. Check for medical ID.
- Time the seizure. Write it down in your seizure log.
- Video the seizure to share with the doctor.

02

KEEP THE PERSON SAFE

- Move them away from harm

03

TURN THE PERSON ONTO THEIR SIDE IF THEY ARE NOT AWAKE AND AWARE

- Keep airway clear
- Loosen any tight clothes around their neck
- Put something small and soft under their head

04

CALL 911 IF...

- Seizure lasts longer than 5 minutes
- Person does not return to their usual state
- Person is injured, pregnant, or sick
- First time seizure or repeated seizures
- Person has difficulty breathing
- The seizure occurs in water

05

DO NOT...

- ✗ Restrain them
- ✗ Put any objects in their mouth
- ✓ Rescue meds can be given if prescribed by a health care professional

BEFORE YOUR NEXT SEIZURE:

CREATE A SEIZURE ACTION PLAN (SAP) WITH YOUR DOCTOR.

SHARE YOUR SAP WITH ALL CAREGIVERS.

A SAP TEMPLATE CAN BE FOUND ON THE BACK OF THIS PAGE.

Acute Seizure Action Plan

Name: _____	Birth date: _____	Today's date: _____
Care partner phone numbers: _____	Provider name/facility: _____	Provider phone numbers: _____



Usual Seizure Pattern

Triggers: _____

Pattern of seizures: _____

Allergies: _____

What the seizures normally look like (Check all that apply)

<p>Head May Drop Loss of Muscle Control Slump or Fall Forward</p> <p><input type="checkbox"/> Atonic seizure (also called drop)</p>	<p>Occurs Through the Entire Brain</p> <p>Blank Stare</p> <p><input type="checkbox"/> Absence seizure (also called petit mal)</p>	<p>Blink Rapidly Roll Their Eyes</p> <p>Can Be Confused With Daydreaming</p> <p><input type="checkbox"/> Tonic seizure</p>	<p>Incontinence Still Body Epileptic Cry</p> <p>Back Arched</p> <p><input type="checkbox"/> Clonic seizure</p>	<p>Jerky Movements</p> <p>Frothy Saliva Blinking Eyes</p> <p><input type="checkbox"/> Focal impaired awareness seizure (also called complex partial)</p>	<p>Occurs in Specific Lobe of the Brain</p> <p>Blank Stare</p> <p>Describe: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	---	--	--	--	--

NOTES: _____

Care

Standard Care Needed



If this happens, _____ provide standard care

<p>Time the seizure</p> <p>NOTES: _____</p>	<p>Keep person safe</p> <p>NOTES: _____</p>	<p>Don't restrict</p> <p>NOTES: _____</p>	<p>Stay with person</p> <p>NOTES: _____</p>	<p>Keep a record</p> <p>NOTES: _____</p>
---	---	---	---	--

Provide Rescue Treatment



If this happens, _____ provide standard care (above) **and** rescue treatment

<p><input type="checkbox"/> Rectum</p>	<p><input type="checkbox"/> Nose</p>	<p><input type="checkbox"/> Mouth</p>	<p>Specific instructions: _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Other: _____</p>
--	--------------------------------------	---------------------------------------	--

Call for Emergency Help



If any of these happen, _____ **Get help now**

<p><input type="checkbox"/> Seizure longer than _____ minutes</p>	<p><input type="checkbox"/> Unusual seizure</p>	<p><input type="checkbox"/> Injury/Blue lips</p>	<p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p>	<p>Call Healthcare Provider if: _____</p> <p>Call for Emergency Help if: _____</p> <p>NOTES: _____</p>
---	---	--	--	--

Healthcare Provider Authorization

Signature: _____ Provider Printed Name: _____ Date: _____ For use from: _____ to: _____