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.

Learn more at lgsfoundation.org/seizure-safety
Create and Share Your Seizure Action Plan Today

Learn more at seizureactionplans.org

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)

- Atonic seizure (also called drop)
- Absence seizure (also called petit mal)
- Tonic seizure
- Clonic seizure
- Focal impaired awareness seizure (also called complex partial)

Describe:

Care

Standard Care Needed

If this happens, provide standard care:

- Time the seizure
- Keep person safe
- Don’t restrict
- Stay with person
- Keep a record

Provide Rescue Treatment

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

- Rectum
- Nose
- Mouth
- Other: ____________________________

Specific instructions: ____________________________

Call for Emergency Help

If any of these happen, call Healthcare Provider if:  Call for Emergency Help if: ____________________________

- Seizure longer than _______ minutes
- Unusual seizure
- Injury/Blue lips
- Other: ____________________________

Healthcare Provider Authorization

Signature: ____________________________  Provider Printed Name: ____________________________  Date: _____________  For use from: _____________  to: _____________

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