

## Things to Avoid

In addition to seizures, our loved ones with rare epilepsy may have several comorbidities, including GI issues or allergies to certain substances such as seasonal allergies or medication allergies. They may also have sensitivities to things like fabric, food, light or patterns. Sometimes our loved ones may have a reaction for an unknown reason to sounds or other things in our environment. These sensitivities can sometimes trigger seizures, challenging behaviors, or other reactions. It's important to document all your child's allergies and triggers to alert others. This document can be helpful to those who may assist with the care of your loved one, but this can also be useful in everyday situations.

**TIP:** After completing the information below, print an extra copy. Put one in your C.A.R.E. Binder and keep one out in plain sight for quick and easy access. Also, make sure you share this list with anyone who provides care for your loved one with rare epilepsy. See the Attachments section of this C.A.R.E. Binder to add pages as needed.

Trigger Type	Trigger Response	Trigger Details	Immediate Action Required	Additional Helpful Info to Resolve
<input type="checkbox"/> Heat <input type="checkbox"/> Excitement <input type="checkbox"/> Light <input type="checkbox"/> Flashing light <input type="checkbox"/> Patterns <input type="checkbox"/> Allergy <input type="checkbox"/> Food <input type="checkbox"/> Sound	<input type="checkbox"/> Seizure <input type="checkbox"/> GI-Stomach <input type="checkbox"/> GI-Bowels <input type="checkbox"/> Skin Rash/Hives <input type="checkbox"/> Wheezing <input type="checkbox"/> Behavior Change <input type="checkbox"/> Lethargy		<input type="checkbox"/> Call 911 <input type="checkbox"/> Seizure Rescue Meds <input type="checkbox"/> Behavior Rescue Meds <input type="checkbox"/> Administer EpiPen <input type="checkbox"/> Administer Oxygen <input type="checkbox"/> Other:	
<input type="checkbox"/> Heat <input type="checkbox"/> Excitement <input type="checkbox"/> Light <input type="checkbox"/> Flashing light <input type="checkbox"/> Patterns <input type="checkbox"/> Allergy <input type="checkbox"/> Food <input type="checkbox"/> Sound	<input type="checkbox"/> Seizure <input type="checkbox"/> GI-Stomach <input type="checkbox"/> GI-Bowels <input type="checkbox"/> Skin Rash/Hives <input type="checkbox"/> Wheezing <input type="checkbox"/> Behavior Change <input type="checkbox"/> Lethargy		<input type="checkbox"/> Call 911 <input type="checkbox"/> Seizure Rescue Meds <input type="checkbox"/> Behavior Rescue Meds <input type="checkbox"/> Administer EpiPen <input type="checkbox"/> Administer Oxygen <input type="checkbox"/> Other:	
<input type="checkbox"/> Heat <input type="checkbox"/> Excitement <input type="checkbox"/> Light <input type="checkbox"/> Flashing light <input type="checkbox"/> Patterns <input type="checkbox"/> Allergy <input type="checkbox"/> Food <input type="checkbox"/> Sound	<input type="checkbox"/> Seizure <input type="checkbox"/> GI-Stomach <input type="checkbox"/> GI-Bowels <input type="checkbox"/> Skin Rash/Hives <input type="checkbox"/> Wheezing <input type="checkbox"/> Behavior Change <input type="checkbox"/> Lethargy		<input type="checkbox"/> Call 911 <input type="checkbox"/> Seizure Rescue Meds <input type="checkbox"/> Behavior Rescue Meds <input type="checkbox"/> Administer EpiPen <input type="checkbox"/> Administer Oxygen <input type="checkbox"/> Other:	
<input type="checkbox"/> Heat <input type="checkbox"/> Excitement <input type="checkbox"/> Light <input type="checkbox"/> Flashing light <input type="checkbox"/> Patterns <input type="checkbox"/> Allergy <input type="checkbox"/> Food <input type="checkbox"/> Sound	<input type="checkbox"/> Seizure <input type="checkbox"/> GI-Stomach <input type="checkbox"/> GI-Bowels <input type="checkbox"/> Skin Rash/Hives <input type="checkbox"/> Wheezing <input type="checkbox"/> Behavior Change <input type="checkbox"/> Lethargy		<input type="checkbox"/> Call 911 <input type="checkbox"/> Seizure Rescue Meds <input type="checkbox"/> Behavior Rescue Meds <input type="checkbox"/> Administer EpiPen <input type="checkbox"/> Administer Oxygen <input type="checkbox"/> Other:	