

# My Emergency Care Plan (Worksheet)

Use the following information if a seizure occurs.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## Information About My Seizure

Type	Length	How often	Symptoms

Seizure triggers:

## Treatment: Every Day

Name	Dosage	Instructions	When is it used?

## Treatment: Emergency

Name	Dosage	Instructions	When is it used?

(over)

## First aid during a seizure

1. Remain calm.
2. If the person tends to fall or jerk, move objects that are close and could cause injury.
3. If the person is laying on the ground, turn his or her body onto its side and place something soft under his or her head.

**Do not restrain the person's body or put anything in his or her mouth.**

4. Check a clock to time the seizure.
5. Reassure the person and others around you.

If you are able, watch for changes in the person's movement, breathing and skin color. Describe these changes to the person after the seizure.

Give emergency treatment if \_\_\_\_\_

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## When to call 911

- The seizure is longer than 5 minutes.
- The seizure occurs in water (bathtub, pool).
- The person is injured.
- The person does not regain awareness (consciousness) after the seizure.

## When to call the emergency contact

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Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

## When to call the treating health care provider

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Treating health care provider: \_\_\_\_\_ Phone: \_\_\_\_\_