Seizure Action Plan

This form is designed to help you document seizure triggers, symptoms, and steps to take during a seizure. Share it with family, caregivers, schools, or workplaces.

Patient Information

Full Name _____ DOB ____ / ____ / ____

Emergency Contact Name _____ Emergency Contact Phone _____

Neurologist Name _____ Neurologist Phone _____

Medical Info

Epilepsy Diagnosis ☐ Yes ☐ No

Type of Seizures _____

Seizure Triggers (check all that apply or list below)

- ☐ Stress
- ☐ Lack of sleep
- ☐ Flashing lights
- ☐ Illness/fever
- ☐ Missed medication
- ☐ Caffeine/stimulants
- ☐ Other _____

Medication Name _____ Dose _____
Frequency _____

Medication Name _____ Dose _____
Frequency _____

What to Do During a Seizure

Do this:

- ☐ Stay calm and time the seizure
- ☐ Keep the person safe from injury
- ☐ Turn on side if needed to keep airway clear
- ☐ Cushion the head if on a hard surface
- ☐ Stay with them until fully alert
- ☐ Other instructions _____

Don't do this:

- ☐ Don't restrain
- ☐ Don't put anything in the mouth
- ☐ Don't give food, water, or medication until fully alert

Seizure Signs & Symptoms

Check the signs that typically occur before or during your seizures.

- ☐ Aura or warning signs (describe) _____
- ☐ Loss of awareness
- ☐ Muscle jerking
- ☐ Staring or confusion
- ☐ Falling
- ☐ Other _____

When to Call 911

- ☐ Seizures lasts longer than ____ minutes (usually 5)
- ☐ First-time seizure
- ☐ Difficulty breathing
- ☐ Injury occurred
- ☐ Seizures occur back-to-back
- ☐ Other concerns _____

Aftercare & Notes

What the person usually needs after a seizure

_____

Typical recovery time _____

Notes for caregivers or staff

_____

Attachments (Optional)

- ☐ Medication List
- ☐ Doctor's Letter
- ☐ Emergency Medical Info Sheet
- ☐ School/Workplace Accommodations