Seizure Action Plan

Cut out and fold

Seizure Action Plan

Wallet card · Pepina

NAME / DATE OF BIRTH

SEIZURE TYPE

CONTACT AND PHONE

DOCTOR AND PHONE

RESCUE MEDICINE

Name and dose:

When to give:

FIRST AID

- STAY: time it, stay with them.
- SAFE: clear objects, cushion head.
- SIDE: nothing in mouth, don't restrain.

CALL 911 IF

- Lasts more than 5 min
- Seizures repeat, no recovery
- Breathing trouble, injury, or in water

Fill in with your doctor. Keep it in your wallet.