



# EPILEPSY CARE PLAN

A personalized plan to support safety, treatment, and well-being.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Plan: \_\_\_\_\_

Plan Review Date: \_\_\_\_\_

## 1. PERSONAL INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## 2. EPILEPSY INFORMATION

Type of Seizures: \_\_\_\_\_  
\_\_\_\_\_

Triggers (if known): \_\_\_\_\_  
\_\_\_\_\_

Date of First Seizure: \_\_\_\_\_

Frequency of Seizures: \_\_\_\_\_

Usual Duration: \_\_\_\_\_

Last Known Seizure: \_\_\_\_\_

Neurologist: \_\_\_\_\_

Phone: \_\_\_\_\_

## 3. DAILY MANAGEMENT



### Medications

Medication Name	Dose	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____



### Important Reminders

- Take medication as prescribed
- Get enough sleep
- Stay hydrated
- Avoid known seizure triggers

## 4. SEIZURE RESPONSE PLAN



### WHAT TO DO

- Stay calm and time the seizure
- Keep the person safe
- Gently turn them on their side
- Loosen tight clothing
- Do not restrain movements
- Do not put anything in their mouth
- Stay with the person until they are fully alert



### WHEN TO CALL FOR HELP (911)

Call 911 if:

- Seizure lasts longer than 5 minutes
- Another seizure follows without recovery in between
- Person is injured
- Difficulty breathing
- Seizure occurs in water
- It is not their typical seizure



### AFTER THE SEIZURE

- Stay with the person
- Reassure and orient them
- They may be confused or tired
- Allow time to rest
- Offer water if fully alert
- Contact emergency contact if needed

## 5. SPECIAL CONSIDERATIONS

Other Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Communication Needs / Notes: \_\_\_\_\_  
\_\_\_\_\_

## 6. SCHOOL / WORK / CARE SETTING

School / Workplace: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Role / Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

## 7. IMPORTANT DOCUMENTS & SUPPORT



Seizure Action Plan



Medication List



Emergency Contacts



Health Insurance Info



Support Resources

## 8. ADDITIONAL NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



This plan is designed to support the individual with epilepsy. Please share with caregivers, family, school, and emergency contacts.

Provider Signature: \_\_\_\_\_