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Purpledayss Seizure Action Plan

This seizure action plan is designed to help ensure the safety and well-being of individuals living with epilepsy. It provides essential steps to take before, during, and after a seizure, and includes personal medical information to assist caregivers, friends, family members, teachers, and coworkers in responding effectively.

** Personal Information**

**Known Triggers & Warning Signs**

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

Triggers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Warning Signs (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical ID (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type(s) of Seizure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Seizure Response Plan**

• Check for injuries and comfort the person.

•  Explain what happened gently — they may be confused or upset.

•  Allow them to rest and provide privacy if needed.

•  Document the seizure (time, length, what happened) if required.

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**Aftercare**

• Stay calm and note the time the seizure starts.

•  2. Protect their head — place something soft under it.

•  3. Move any dangerous objects out of the way.

•  4. Do not restrain the person or put anything in their mouth.

•  5. Turn them on their side once the seizure ends to help breathing.

•  6. Stay with them until they are fully recovered.

•  7. Call emergency services if the seizure lasts more than 5 minutes or if another seizure follows immediately.

**Aftercare**

• • Check for injuries and comfort the person.

** Medication (If Applicable)**

**Doctors’ information**

Daily Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctors name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctors address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nurse or neurologist name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When to Administer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Storage Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administered By (Who is trained): \_\_\_\_\_\_\_\_\_\_\_\_\_

** Additional Notes**

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