		Acute	Seizure Ad	ction F	'ian 	
Name:		Birth date:		Today's date:		
Care partner phone numbers:				Provider name/facility: Provider phone numbers:		
sual S	eizure Patt	ern				
Triggers:						
Pattern of s	seizures:					
Allergies:						
	eizures normally loc	ok like (Check all that app	oly)			Describe:
Slump or Fall Forward Atonic se	izure A	bsence seizure	Incontinence Epileptic Cry Cry Crk Arched Tonic seizure	Jerky Movements Clonic seizure	Cocurs in Specific of the Brain Frothy Sallva Blinking Eyes Blank Stare	baired awareness seizur
(also calle	ed drop) (a	lso called petit mal)			(also call	ed complex partial)
NOTES:						
	a re standard Care No	aadad				
	If this happens, provide standard ca					
N.	Time the seizure	Keep person sa	Don't restr	ict NOTE	Stay with person	Keep a record
P	Provide Rescue Treatment					
If	If this happens,					
	provide standard care (above) and rescue treatme					
				Specific ins	structions:	
	□ Rectum	□Nose	☐ Mouth	☐ Other:		
WILLIAM C	Call for Emergency Help					
	_	en,		Get help	now	
			Other:	Call Hea	Call Healthcare Provider if:	
	□ Seizure longer than minutes □ Unusual seizure □ Injury/Blue I		y/Blue lips		Call for Emergency Help if:	
N.F.	OTES:		NOTES:			
N.C				HOTEO:		

Date:_

Signature:_

Provider Printed Name:

For use from:_