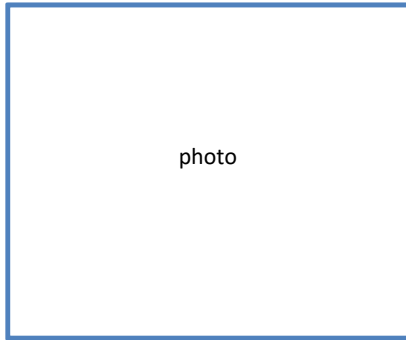


First Name _____ Family Name/Surname _____

Date of birth _____ Hospital UMRN _____



photo

Seizure type(s)

Known triggers:

Usual Medications:

Emergency Medication(s):

Family Contact:

Plan prepared by:

Name: _____

Facility: _____

Date: _____

Phone: _____

SEIZURE MANAGEMENT PLAN

- Place the child in the recovery position (pic below)
- Remove hard objects
- Note the seizure start and finish time
- Check breathing and optimise airway with gentle head tilt (into sniffing position)
- If safe and possible, record video of the seizure.



Courtesy of www.aboutkidshealth.ca
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Do not restrain the child

Do not put anything in their mouth

Do not move the child unless in danger

If there is no improvement

OR if in doubt

call an AMBULANCE on 000

**Call the PARENT/CARER while waiting
for the ambulance.**

Call an AMBULANCE

- If the seizure continues for more than five minutes
- If the seizure stops but the child does not regain consciousness within five minutes,
- if another seizure begins
- If a serious injury has occurred
- If the seizure occurs in water

Emergency MIDAZOLAM: YES ☐ NO ☐

- Midazolam 5mg/ml plastic ampoule has about 18 drops in 1mL

DOSE: _____

Give dose inside the mouth, into the space between the teeth
and cheek if seizure persists >5min.

***Please read attached instructions,
or go to [Midazolam for seizures \(rch.org.au\)](http://Midazolam%20for%20seizures%20(rch.org.au)) ***