

# Medical History & Physician Prescribed Emergency Seizure Treatment Order

(To Be Completed by Physician)



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## History

Name \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_  
Seizure Types \_\_\_\_\_ Description \_\_\_\_\_  
Allergies \_\_\_\_\_ Treatment Order Date \_\_\_\_\_

## Treatment Order:

- Rescue medication \_\_\_\_\_ mg rectally prn for:  
seizure > \_\_\_\_\_ minutes OR for \_\_\_\_\_ or more seizures in \_\_\_\_\_ hours
- Use VNS (vagal nerve stimulator) magnet \_\_\_\_\_
- Other \_\_\_\_\_
- Call 911 if:
  - Seizure does not stop by itself or with VNS within \_\_\_\_\_ minutes
  - Seizure does not stop within \_\_\_\_\_ minutes of administering rescue medication
  - Patient does not start to wake up within \_\_\_\_\_ minutes after seizure is over (no rescue medication given)
  - Patient does not start to wake up within \_\_\_\_\_ minutes after seizure is over (after rescue medication given)
- Following a seizure, please notify my office: (Please check off)
  - If you go to the Emergency Room
  - Whenever rescue medication is administered

## Physician Information:

Physician/Nurse Practitioner/Physician Assistant Name (Printed) \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
License Number \_\_\_\_\_ State \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

*Developed in conjunction with Kevan VanLandingham, MD, PhD, Duke University, Medical Center, Durham, NC.*

## CONFIDENTIALITY STATEMENT

By creating and distributing this Seizure Preparedness Plan, it is the expressed intention of Valeant Pharmaceuticals North America to provide a value-added service to healthcare providers, caregivers, and patients. Valeant Pharmaceuticals North America intends to fully comply with HIPPA guidelines for patient confidentiality to ensure that personal information is not disclosed to anyone outside of those that the parent/caregiver, healthcare professional, or student-patient deem acceptable. Valeant Pharmaceuticals North America is not responsible for this Plan or its contents after the Plan has been released to healthcare professionals. Careful consideration should be given before any medical information is released to others.

# Step-by-Step Seizure Treatment Plan

## Step 1. Confirm seizure

### Signs and Symptoms

When I am having a seizure, I might display some of the following signs or symptoms:

- Convulsions
- Stiffening
- Unconsciousness
- Staring
- Involuntary rhythmic movements
- Other \_\_\_\_\_

## Step 2. Provide basic first aid

To ensure my safety, here are some steps to follow:



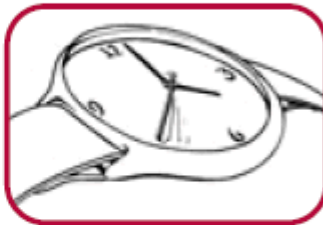
1. Cushion head, remove glasses.



2. Loosen tight clothing.



3. Turn on side and keep airway clear.



4. Note the time a seizure starts and the length of time it lasts.



5. Don't put anything in mouth.



6. Don't hold down.

7. As seizure ends...offer help.

## Step 3. Treatment options

Please record important information on the seizure log cards on the next page.

If I don't regain consciousness within \_\_\_\_\_ minutes, please:

- Call 911
- Once 911 is called, please call my emergency contacts below
- If this box is checked advise EMTs that I have a VNS magnet

OR

- Administer rescue medication
- For seizures that last more than \_\_\_\_\_ minutes OR for \_\_\_\_\_ or more seizures in \_\_\_\_\_ hours
- My rescue medication is kept: \_\_\_\_\_

### Call 911 if

- I do not start waking up within \_\_\_\_\_ minutes after seizure is over (after giving rescue medication)
- Seizure does not stop within \_\_\_\_\_ minutes of giving rescue medication

## Step 4. Notification

Call the following people if:

- I go to the Emergency Room
- You are concerned about my response
- Rescue medication is administered
- Other \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

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# Plan-at-a-Glance Wallet Cards

## First Aid Steps for Convulsions or Seizures

- Cushion head, remove glasses
- Loosen tight clothing
- Turn on side and keep airway clear
- Note the time a seizure starts and the length of time it lasts
- Don't put anything in mouth
- Don't hold down
- As seizure ends, offer help

My name is \_\_\_\_\_

**I am experiencing an  
epileptic seizure**

**Please notify:**

Family \_\_\_\_\_

Phone \_\_\_\_\_

Physician \_\_\_\_\_

Phone \_\_\_\_\_

**If I am injured or  
unconscious  
for more than 5 minutes  
please  
call 911**

Additional emergency information  
on other side.

## First Aid Steps for Convulsions or Seizures

- Cushion head, remove glasses
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Physician \_\_\_\_\_

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**If I am injured or  
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for more than 5 minutes  
please  
call 911**

Additional emergency information  
on other side.

## Emergency Process Plan

Seizure Information

See other side for First Aid and Contact Information

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Current medication(s) \_\_\_\_\_

Allergies \_\_\_\_\_

Seizure type(s) \_\_\_\_\_

Frequency of seizures \_\_\_\_\_

Description \_\_\_\_\_

Seizure usually lasts \_\_\_\_\_ minutes

Usually recover in \_\_\_\_\_ minutes

Treatment for seizure  
\_\_\_\_\_

### Seizure Treatment

- Administer rescue medication \_\_\_\_\_ mg for seizure > \_\_\_\_\_ minutes or for \_\_\_\_\_ or more seizures in \_\_\_\_\_ hours
- Use VNS magnet  
\_\_\_\_\_
- Other \_\_\_\_\_
- Call 911 if \_\_\_\_\_
- Seizure does not stop by itself or with VNS within \_\_\_\_\_

## Emergency Process Plan

Seizure Information

See other side for First Aid and Contact Information

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- Other \_\_\_\_\_
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- Seizure does not stop by itself or with VNS within \_\_\_\_\_

minutes

• Seizure does not stop within \_\_\_ minutes of giving rescue medication

• I do not start waking up within \_\_\_ minutes after seizure is over

(no rescue medication given)

• I do not start waking up within \_\_\_ minutes after seizure is over

(after rescue medication given)

Other

\_\_\_\_\_

Following a seizure

\_\_\_\_\_

*Developed in collaboration with Christine O'Dell, RN, MSN, and Shlomo Shinnar, MD, PhD, of the Comprehensive Epilepsy Management Center, Montefiore Medical Center, Bronx, New York.*

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• Seizure does not stop within \_\_\_ minutes of giving rescue medication

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Other

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# Seizure Log Cards

## Seizure Log

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time seizure started: \_\_\_\_ Time seizure ended: \_\_\_\_

Time of rescue medication administration: \_\_\_\_

Time 911 called: \_\_\_\_\_

Behavior on regaining consciousness:

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

Repeating seizure information:

\_\_\_\_\_

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