

Individual health care plan

Name _____ Date of birth _____ Age _____

■ Diagnosed condition/s _____

■ Allergies _____

■ Special dietary requirements _____

■ Routine medication

Drug _____ Dose _____ Time _____

■ Information on how to give medication _____

■ Activities that should be avoided _____

■ Activities that require special precautions _____

■ Possible triggers for seizures _____

■ Warning signs that seizures might be about to happen _____

■ Description of typical seizure/s _____

■ Action to be taken during and after a seizure _____

■ Seizures normally last _____ minutes.

Emergency medication should be given if the seizure has not stopped after _____ minutes,
or if _____

■ The emergency drug to be given is _____

The dose to be given is _____

It should be given orally

rectally

into the buccal cavity (between the cheek and the teeth)

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Circumstances when emergency medication should NOT be given _____

■ Circumstances when a second dose of emergency medication may be given _____

The second emergency medication to be given is _____

It should be given orally

rectally

into the buccal cavity (between the cheek and the teeth)

■ Named individuals who may give emergency medication

1. _____
2. _____
3. _____
4. _____

■ You should call an ambulance/doctor if _____

■ Please call _____ if the following situation occurs
