* *This I-SAP is a tool that may prepare caregivers for what to do if a seizure emergency occurs or is likely to occur. It was created by caregivers of children and adults with severe epilepsy.*
* *This I-SAP should be discussed and agreed upon with a Neurologist who understands seizure emergencies and rescue medication use. If your doctor does not understand this, you may want to seek a second option.*
* *This I-SAP, once filled out with your doctor, can be handed to emergency personnel to get the facts to them, in writing, as quickly as possible if needed.*
* *The below document is meant to be an interactive form where you can add or delete spaces in each section as needed. Read the suggested comments in gray and then delete them once you add your own loved one’s information. It is suggested that you print your I-SAP and hang it on the wall for emergency use.*
* *For more information on this I-SAP see this webinar at*

[***D EEP-Connections***](https://www.deepconnections.net/upcoming-webinars/i-sapworkshop)*.*

|  |  |  |  |
| --- | --- | --- | --- |
| Date I-SAP filled out: (review and update every 3 months with Neurologist as needed) | | | |
| Info on the person with seizures: | | | |
| Name: | Date of Birth: | Height: | Weight: |
| Parents/Guardians/Contacts:  *Read these suggestions for filling out your I-SAP and then delete them as you go. As you type, add more lines to each box as needed by pressing enter.* | | Phone: | |
| Diagnosis:  *Include diagnosis and what baseline seizures look like (type, frequency, duration).* | | | |
| Drug Allergies:  *Include all allergies here that are important to know in an emergency situation.* | | | |
| Current Medications/Diets/Devices/Treatments:  *Include alternative therapies and treatments as well.* | | | |
| What to do in the event of a seizure emergency: | | | |
| B efore a seizure emergency occurs:  *Briefly write here what to do to possibly prevent a seizure emergency. Use if the person with seizures experiences triggers that, based on experience, often lead to emergencies (e.g. unusual seizure patterns, onset of menstruation, fever, missed medication, etc). When should a parent/caregiver be called if not at home? The doctor should agree with this plan. Try to keep the whole I-SAP to one page only so it can be used in an emergency. Just brief facts only. Delete this gray text of suggestions when finished.* | | | |
| D uring a seizure emergency:  *Briefly write here what to do if the seizures cluster or become convulsive or non-convulsive status epilepticus. The doctor should agree with this plan. When should rescue medications be given? Where are the rescue treatments? Knowing the prolonged seizures can cause brain damage, how soon should rescues be given? Who should give rescue meds (most rescue meds can be given by anyone who has read and understands the instructions)? Should the VNS magnet be used (if relevant)? What rescue medication(s) should be given (e.g. rectal, intranasal, etc.)? Can a second dose be given? If so, when and how? What if rescue meds fail?* | | | |
| A fter the seizure emergency has ended:  *Briefly write here what to do after the emergency has ended. The doctor should agree with this plan. Was a rescue med given? If so, should heart rate and breathing be monitored and for how long? How should the person with seizures be positioned? How long are they likely to need to recover? How do you comfort the person with seizures and bystanders?* | | | |
| W hen to call emergency services or go to the emergency department:  *Briefly write here when to call an ambulance or go to the emergency room. Who will go in the ambulance with the person with seizures? Where is the Go Bag (a bag for trips to the hospital)?* | | | |
| Neurologist Name/Signature: | Phone: | Insurance: | |



