



INDIVIDUALIZED SEIZURE PROTOCOL

NAME _____ DOB _____

TYPE OF SEIZURE _____ DURATION _____

LAST SEIZURE _____

DESCRIPTION _____

CALL EMS (911)

- If seizure last greater than _____ minutes (Venture policy 5 minutes)
- If the individual has one seizure after another **yes no**
- If there is a CHANGE in a seizure pattern **yes no**
- If the individual has been injured **yes no**
- If individual has a seizure who has an INACTIVE pattern (greater than one year) **yes no**
- Other or any changes to the above statements

CALL NEUROLOGIST

- If the individual experiences _____ seizures in 24 hour period
(Number)
- If the individual experiences _____ seizures in a week
(Number)
- If the seizure last longer than _____ minutes
- If the individual has a seizure who has an INACTIVE pattern (greater than one year) **yes no**
- If post seizure behavior (confusion, agitation, decrease in activity etc.) continues longer than 30 minutes **yes no**

Additional Information _____

Date _____ HCP Signature _____