

Record of the use of emergency medication

Name _____ Date of birth _____ Age _____

■ Date medication given _____

■ Time seizure started _____

Type of seizure _____

■ Number of seizures (if occurring in a cluster) _____

■ The emergency drug, dose and route given _____

■ Emergency drug given by whom _____

Time emergency drug was given _____

■ Time seizure stopped _____ Length of seizure _____

Comments _____

■ Time ambulance called (if required) _____

Ambulance called by _____

■ Second dose emergency medication given at _____

Second dose emergency medication given was (name, dose and route) _____

Comments _____

■ Time parents/guardians informed _____

Parents informed by whom _____

■ Person responsible for another supply of emergency medication _____

■ Comments _____