

Name: _____

Date: _____

Seizures

- | | |
|---------------------------------------------------|-------------------------------|
| 1. sudden electrical disturbance in the brain | A. Seizure |
| 2. tight neckwear should be | B. I.D. |
| 3. look for an | C. nearby objects |
| 4. make sure to cushion.... | D. the side |
| 5. turn them to... | E. the head |
| 6. nothing should be put in the | F. they vomit |
| 7. not responding, uncontrolled restroom use etc. | G. tell them to call a doctor |
| 8. make sure to remove | H. call 911 |
| 9. clear mouth with your finger if... | I. mouth |
| 10. if someone is around | J. signs of seizures |
| 11. last longer than 5 minutes | K. how long the seizure last |
| 12. need to keep track of ... | L. loosen |