

DETECT. ALERT. ACT.

A Connected Seizure Management Solution for People with Epilepsy

EpiWatch® is an FDA-cleared, Apple Watch–based seizure detection, alerting and seizure monitoring system designed to support timely intervention, caregiver alerting, and activation of seizure response.



EPIWATCH PERFORMANCE AT A GLANCE

DETECT

Seizure detection and monitoring on Apple Watch

- Continuous monitoring using a familiar consumer wearable device
- Detection of **generalized tonic-clonic seizures (TCS)**
- **Real-time alerts** initiated directly from the watch
- **Designed for everyday use** — no additional hardware required



Tonic-Clonic Seizure (TCS) Detection

98%
of TCS detected

Low False Alarm Rate (FAR)

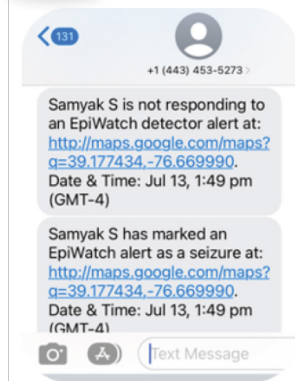
- ~1 false alert every 12 days
- (~0.08 false alarms per 24 hours)

FDA 510(k) cleared | March 2025
for ages 5 and up.

ALERT

Rapid caregiver notification and alerting

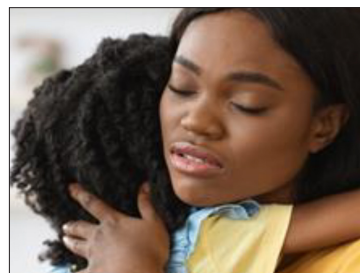
- Automatic alerts sent to a predefined care contact network
- Time-stamped seizure events with seizure event notification
- Enables rapid situational awareness during and immediately after a seizure
- Supports timely delivery of on-demand (rescue) therapies
(Clinician prescription required for on-demand therapies)



ACT

From detection to intervention

- Facilitates activation of the patient's individualized **Seizure Action Plan**
- Supports appropriate use of **rescue therapies** (per clinician direction)
- Enhances coordination between patients, caregivers, and clinicians
- Help reduce delays in care during seizure emergencies



Why Clinicians Value EpiWatch

- FDA-cleared digital health platform for epilepsy care
- Clinically validated
- High detection performance with low false alarm rate
- Empowers patients and caregivers with actionable information
- Complements standard clinical management — not a replacement for clinical care

Intended Use

EpiWatch is intended to detect and alert for tonic clonic seizures in individuals ages 5+. It is not intended to diagnose epilepsy or replace clinical judgment. Prescription required.



ACUTE SEIZURE ACTION PLAN ● ● ●

Name:	Birth Date:	Today's Date:
Care Partner Phone Numbers:	Provider Name/ Facility:	
Provider Phone Numbers:		

USUAL SEIZURE PATTERN

Triggers: _____

Pattern of Seizures: _____

Allergies: _____

What the seizures normally look like (Check all that apply)

Head may drop

Loss of muscle control

Slump or fell forward

Atonic Seizure (Also called drop)

Occurs through the entire brain
Blank rapidly roll their eyes

Blank stare

Can be confused with daydreaming

Absence Seizure (Also called petit mal)

Still body

Incontinence

Epileptic Cry

Back arched

Tonic Seizure

Jerky Movements

Frothy Saliva, Blinking Eyes

Clonic Seizure

Occurs in Specific Lobe of the Brain

Focal Impaired Awareness Seizure (Also called Complex Partial)

Blank Stare

Describe: _____

CARE

Standard Care Needed

If this happens, _____
_____ provide standard care.

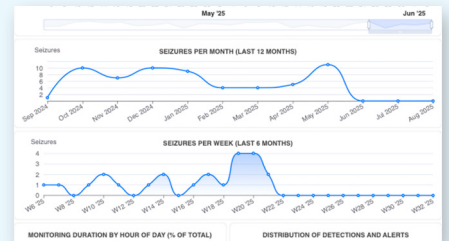
Time the Seizure, or use a detection device that times seizure activity

Don't Restrict

Stay with Person



Keep a record, or use a seizure detection device to track seizure activity



Notes: _____

Rescue Treatment Prescribed:

If this happens, _____
_____ provide standard care (above) and Rescue Treatment.

Rescue Treatment given via: Rectum Nose Mouth Other

"Other" specific Instructions: _____

Call for Emergency Help if Any of These Happen:

Other: _____



Seizure Longer than: _____ minutes



Unusual Seizures



Injury/ Blue Lips

Notes: _____

Get Help Now!



Call Healthcare Provider if: _____

Call for Emergency Help if: _____

HEALTHCARE PROVIDER AUTHORIZATION

Signature: Provider _____

Date: _____

Printed Name: _____

For use from: _____ to: _____