

EMERGENCY PROTOCOL FOR GENERALIZED SEIZURES

Student: _____ **DOB:** _____
School: _____
Physician: _____ **Physician Phone:** _____
Allergies: _____
Hospital of Choice: _____

General Information:

Student Specific Symptoms:

Current Medication:

Emergency Protocol for Tonic-Clonic Seizures

1. NOTIFY OFFICE TO SEND ASSISTANCE.
2. If student is in a wheelchair, leave in wheelchair in upright position. Do *not* let head fall forward or backward.
3. If appropriate, place student on floor, protect head, loosen clothing around neck and protect him/her from any sharp or hard objects in the area. Do not try to restrain movements.
4. Do NOT force anything in student's mouth. Roll student on side to drain secretions.
5. Time the seizure. Observe and record the nature and length of the seizure. After seizure has subsided, monitor airway and breathing. Stay with student until full consciousness returns and allow to rest until parents arrive.
6. After any seizure, notify parents and school nurse.

WHEN TO CALL 911:

**IF SEIZURE LASTS LONGER THAN FIVE MINUTES*

** IF ANOTHER SEIZURE STARTS WITHIN **10** MINUTES AFTER THE FIRST SEIZURE.*

OR

-IF REGULAR BREATHING DOES NOT START AFTER THE SEIZURE ENDS

-If no respirations, but pulse present, start rescue breathing

-If no respirations and no pulse, begin CPR

Stay with student until paramedics arrive.

Physician signature and date

School nurse signature and date

Parent signature and date