

# SCHOOL SEIZURE ACTION PLAN FOR

(INSERT NAME HERE)



Attach Student Photo

## ABOUT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Doctors Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Seizure Type/Name: \_\_\_\_\_

What Happens: \_\_\_\_\_

How Long It Lasts: \_\_\_\_\_

How Often: \_\_\_\_\_

### Seizure Triggers:

- Missed Medicine       Emotional Stress       Alcohol/Drugs       Menstrual Cycle       Missing meals  
 Lack of Sleep       Physical Stress       Flashing Lights       Illness with high fever  
 Response to specific food, or excess caffeine      Specify: \_\_\_\_\_       Other      Specify: \_\_\_\_\_

## DAILY TREATMENT PLAN

### Seizure Medicine(s)

Name	How Much	How Often/When

**Additional Treatment/Care:** (i.e.: diet, sleep, devices etc.)



### CAUTION – STEP UP TREATMENT

Symptoms that signal a seizure may be coming on and additional treatment may be needed:

- Headache       Staring Spells       Confusion       Dizziness       Change in Vision/Auras  
 Sudden Feeling of Fear or Anxiety       Other      Specify: \_\_\_\_\_

### Additional Treatment:

- Continue Daily Treatment Plan  
    • If missed medicine, give prescribed dose from above ASAP.  
    • Do not give a double dose or give meds closer than 6 hours apart.
- Change to: \_\_\_\_\_      How Much: \_\_\_\_\_      How Often/When: \_\_\_\_\_
- Add: \_\_\_\_\_      How Much: \_\_\_\_\_      How Often/When: \_\_\_\_\_
- Other Treatments/Care: (i.e.: sleep, devices): \_\_\_\_\_

# SCHOOL SEIZURE ACTION PLAN

## DANGER—GET HELP NOW

### Follow Seizure First Aid Below

Contact School Nurse or Adult trained on rescue medication:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Record Duration and time of each seizure(s)

Call 911 if:

- Student has a convulsive seizures lasting more than \_\_\_\_ minutes
- Student is injured or has diabetes
- Student has repeated seizures without regaining consciousness
- Student is having breathing difficulty

**When EMS arrives, a medical provider will perform an individual assessment to determine appropriate next steps.**

### Rescue Therapy:

Rescue therapy provided according to physician's order:

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## POST SEIZURE RECOVERY

### Typical Behaviors/Needs After Seizure:

Headache       Drowsiness/Sleep       Nausea       Aggression       Confusion/Wandering       Blank Staring  
 Other Specify: \_\_\_\_\_

Reviewed/Approved by:

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Physician Signature

Date

Parent/Guardian Signature

Date

## SEIZURE FIRST AID



Image adapted with permission from the Epilepsy Foundation of America

**LEARN MORE AND GET A DOWNLOADABLE VERSION OF THIS ACTION PLAN AT:**



[childneurologyfoundation.org/sudep](http://childneurologyfoundation.org/sudep)



[dannydid.org](http://dannydid.org)



[epilepsy.com/sudep-institute](http://epilepsy.com/sudep-institute)