



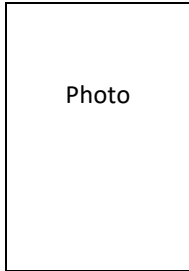
Grade: _____

HR Teacher: _____

EISD rev. 11/17

Seizure Action Plan Physician Orders for Seizures at School

Photo



■ Student Name _____ ■ Date of Birth _____

■ Parent/Guardian _____ Cell _____ Other _____

■ Other Emergency Contact _____ Cell _____ Other _____

■ Significant Medical History, Coexisting Conditions: _____

IMPORTANT

Emergency Seizure Medication will be administered by the school nurse. In the event that a school nurse is not available, an unlicensed school employee designated by the administrator and trained by the school nurse may administer the medication.

EISD Policy for Calling EMS EMS will be called when a seizure reaches 5 minutes in length or sooner if there is cyanosis, respiratory distress, physiologic compromise, the student or situation is deemed unsafe or when Diastat is administered.

Individualized Health Plan (IHP) Students with a history of seizures should also have an Individualized Health Plan on file.

Seizure Type	Length	Frequency	Description
Triggers/Warning Signs			Student Response After Seizure
When was the Last Known Seizure?			Last MD Visit? Age at Diagnosis?
Vagus Nerve Stimulator? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, where is it stored? Describe magnet use:
BASIC SEIZURE FIRST AID	A SEIZURE IS GENERALLY CONSIDERED AN EMERGENCY WHEN:		EMERGENCY SEIZURE PROTOCOL
▪ Stay calm & track time	▪ Convulsive (tonic-clonic) seizure lasts longer than 5 minutes		▪ Contact school nurse at extension # ▪ Call 911 from school phone (not cell) ▪ Hospital: ▪ Notify parent ▪ Administer emergency medication as indicated below ▪ Other:
▪ Keep child safe	▪ Repeated seizures without regaining consciousness		
▪ Do not restrain	▪ Student is injured or has diabetes		
▪ Do not put anything in mouth	▪ Student has a first-time seizure		
▪ Stay with child until fully conscious	▪ Student has breathing difficulties		
▪ Record seizure in log	▪ Student has a seizure in water		
FOR TONIC-CLONIC SEIZURES			
▪ Protect head			
▪ Keep airway open/watch breathing			
▪ Turn child on side			

SEIZURE MEDICATIONS	Daily	Emergency	Dosage and Time of Day Given	Special Instructions, Side effects
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
Describe Special Considerations and Precautions During School Hours (regarding school activities, sports, trips, etc.).				

PHYSICIAN AND PARENT/GUARDIAN AUTHORIZATION

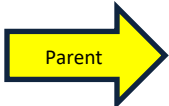


Physician

Physician Signature Date

Physician name: _____

Phone number: _____



Parent

Parent/Guardian Signature Date