

Medical History & Physician Prescribed Emergency Seizure Treatment Order

(To Be Completed by Child's Physician)

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History

Child's Name _____ Age _____ Weight _____
 Seizure Types _____ Description _____
 Allergies _____ Treatment Order Date _____

Treatment Order:

- Rescue medication _____ mg rectally prn for: _____ or more seizures in _____ hours
- Use VNS (vagal nerve stimulator) magnet _____
- Other _____
- Call 911 if: _____
- Seizure does not stop by itself or with VNS within _____ minutes
- Seizure does not stop within _____ minutes of administering rescue medication
- Child does not start to wake up within _____ minutes after seizure is over (no rescue medication given)
- Child does not start to wake up within _____ minutes after seizure is over (after rescue medication given)

• Following a seizure: (Please check off)

- Child should rest in nurse's office
- Parents/Caregiver should be notified immediately
- Child may return to class
- Parents/caregiver should receive a copy of the seizure record sent home with the child

Physician Information:

Physician/Nurse Practitioner/Physician Assistant Name (Printed) _____
 Signature _____ Date _____
 License Number _____ State _____
 Address _____
 Phone Number _____ Fax _____

Developed in collaboration with Christine O'Dell, RN, MSN and Shimo Shinara, MD, PhD, of the Comprehensive Epilepsy Management Center, Montefiore Medical Center, Bronx, New York.

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