

Seizure Action Plan

Effective Date

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

Student's Name: Date of Birth:

Parent/Guardian: Phone:

Other Emergency Contact: Phone:

Child's Nuerologist: Phone:

Primary Care Physician: Phone:

Significant medical history:

Seizure Information

Seizure Type	Length	Frequency	Description
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Seizure triggers or warning signs Student's reaction to seizure(s)

Basic First Aid: Care & Comfort

Please describe basic first aid procedures

Does student need to leave the classroom after a seizure? Yes No
If YES, describe process for returning student to classroom.

Basic Seizure First Aid

- Stay calm & track time
 - Keep child safe
 - Do not restrain
 - Do not put anything in mouth
 - Stay with child until fully conscious
 - Record seizure in log
- For tonic-clonic (grand mal) seizure:**
- Protect head
 - Keep airway open/watch breathing
 - Turn child on side

A seizure is generally considered an emergency when:

- Convulsive (tonic-clonic) seizure lasts longer than 5 minutes.
- Student has repeated seizures. withoutregaining consciousness.
- Student is injured or has diabetic.
- Student has a first-time seizure.
- Student has breathing difficulties.
- Student has a seizure in water.

Emergency Response

A "seizure emergency" for this student is defined as:

Seizure Emergency Protocol

(Check all that apply and clarify below)

- Contact school nurse at:
- Call 911 for transport to:
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other

Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. X	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does student have a **Vagus Nerve Stimulator** ? Yes No If YES, describe magnet use

Special Considerations and Precautions (regarding school activities, sports, trips, etc.)

Physician's Signature Date:

Parent/Guardian's Signature Date: