



Seizure Action Plan

Student Name

DOB:

Parent Contacts:

H:

W:

C:

Treating Physician:

Phone:

History Seizure Information:

<u>Seizure Type</u>	<u>Length</u>	<u>Frequency</u>	<u>Description</u>

Seizure triggers or warning signs:

Student's responses after seizure:

Basic Seizure First Aid: Care and Comfort
• Stay calm and track time
• keep student safe
• Do not restrain
• Do not put anything in mouth
• Stay with child until fully conscious
• Record seizure in log
• Protect students head keep airway open/ watch for breathing
• Turn child on side

Does student need to leave the classroom after a seizure? Yes No

If **yes**, describe process for returning student to classroom:

A "seizure emergency" is defined as: (please check all that apply)

- A convulsive (tonic-clonic seizure that lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has breathing difficulties
- Student has a seizure in water



Seizure emergencies Protocol (please check appropriate and clarify below)

- Contact CMS school nurse at x2210 HS 2110
- Call 911 to transport to hospital provide seizure info from log and meds on board
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other

TREATMENT PROTOCOL DURING SCHOOL HOURS (include daily and emergency medication)

Emergency Med	Medications	Dosage/Time of day given	common side effects & special instructions

Does student have a Vagus Nerve Stimulator? Yes No

If yes, describe magnet use:

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

Physician Signature: _____

Parent/Guardian: _____