

# 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.

## 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

## 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.

## 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: