

# Canon-McMillan School District

## 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: \_\_\_\_\_ DOB: \_\_\_\_\_ HR: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Treating Physician: \_\_\_\_\_  
Significant medical history: \_\_\_\_\_

### **SEIZURE INFORMATION:**

*Seizure Type*

*Description*

<i>Seizure Type</i>	<i>Description</i>

Seizure triggers or warning signs: \_\_\_\_\_  
\_\_\_\_\_

### **EMERGENCY RESPONSE:**

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

#### **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

Seizure Emergency Protocol: *(Check all that apply and clarify below)*

- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Call 911 for transport to \_\_\_\_\_
- Other \_\_\_\_\_

#### For tonic-clonic (grand mal) seizure:

- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

**EMERGENCY/RESCUE MEDICATION(S):** (additional form provided): \_\_\_\_\_

Does student have a **Vagus Nerve Stimulator (VNS)**? YES NO  
If YES, additional form provided

A Seizure is generally considered an Emergency when:

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

### **TREATMENT PROTOCOL: (daily medications)**

Daily Medication

Dosage & Time of Day Given

Common Side Effects & Special Instructions

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

**SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS:** *(regarding school activities, sports, trips, etc.)*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_