

ISD #477 School Health Services SEIZURE ACTION PLAN



PRINCETON
DISTRICT CENTER

Physician: Please complete this page Parent/Guardian: Please complete page 2

Student _____ Date of Birth _____ Grade _____
School _____ Teacher _____ Bus: Yes or No _____

Physician: _____
Parent/Guardian _____ H# _____ W# _____ C# _____
Parent/Guardian _____ H# _____ W# _____ C# _____

TYPES OF SEIZURES

- ☐ Absence – staring and decrease in responsiveness ☐ Simple partial seizures ☐ Complex partial seizures
☐ Generalized tonic-clonic seizures ☐ Tonic seizures ☐ Drop (atonic) seizures ☐ Other (Specify) _____

SEIZURE INFORMATION

- Date of last seizure: _____
- Describe typical seizure: _____
- Length of typical seizure: _____
- Frequency of seizures: ☐ Daily ☐ Weekly ☐ Monthly ☐ Other (Specify) _____
- Possible triggers: _____
- Student's response after seizure: _____

FIRST AID PROCEDURE

1. Note time the seizure begins and ends.
2. Remove objects around student such as chairs, desks, or tables to provide a safe environment.
3. Loosen tight clothing and turn student on side, if able.
4. Do not restrain student. Do not attempt to put anything in student's mouth.
5. Assure student that everything is all right. Stay with student until they have recovered. Allow student to rest after seizure.
6. Document how long seizure lasted and report to parents or emergency personnel, as needed.

EMERGENCY RESPONSE

A "seizure emergency" for this student is defined as:
(please complete)

Seizure Emergency Protocol

- Administer emergency medications as indicated below, for seizures lasting greater than _____ minutes.
- Call 911 when emergency medications are administered or if student is having difficulty breathing.
- Notify parent or emergency contact.

MEDICATIONS (include daily and emergency medications)

Emerg. Med ✓	Medication	Dosages & Time of Day Given	Common Side Effects & Special Instructions

• Does child have a Vagus Nerve Stimulator (VNS) ☐ Yes ☐ No • Instructions for VNS _____

TYPES OF LIMITATIONS

- ☐ No Limitations ☐ Playground (specify): _____
☐ Physical Education (specify): _____ ☐ Other (specify): _____

Physician Authorization

I authorize the above plan to be followed in school.

Physician's Signature: _____ Printed Name of Physician: _____ Date: _____



PRINCETON
DISTRICT CENTER

☐ Attach a copy of
Student Emergency Card

SEIZURE DISORDER – Take on all Field Trips

Information Sheet / Emergency Care Plan

A seizure disorder is a condition in which the normal activity of the brain is interrupted for a brief time, due to sudden, uncontrolled electrical discharges. During this period the person may have altered consciousness, and changes in movements or actions. The type and frequency of seizures varies with the individual. Listed below are some of the most common types of seizures, typical characteristics and interventions.

SEIZURE TYPE	TONIC-CLONIC (Grand Mal)	ABSENCE (Petit Mal)	COMPLEX	SIMPLE
Typical Characteristics If you see this ... Do this	1 - 3 minute duration Affects entire body Body falls, stiffens and jerks Loss of consciousness May lose bladder and bowel control May cry, bite tongue, turn pale, or stop breathing	Lasts a few seconds Person may stare or blink Most common type in children Often mistaken for daydreaming	Usually lasts 1 - 2 minutes Purposeless activity May appear confused, drugged May struggle if restrained May fidget, do repetitive motions	Jerking of one limb or side Person may be conscious
During Seizure If seizure lasts more than 5 minutes CALL 911 unless directed to call sooner.	DO NOT restrain movements Assist them to floor and move furniture or other objects that may cause injury DO NOT put anything in the mouth BE OBSERVANT - Protect from injury Call Health Office for help if needed Remain with person until fully alert	Understand that some classroom content has been missed	Speak softly and clearly Protect from injury	Protect from injury
After Seizure	Turn them on their side Notify Health Office/Nurse Do not leave unattended until fully alert Help reorient person	Help orient person	Stay until person is fully alert Help reorient person	Stay until person is fully alert Help reorient person

• Careful observation and documentation of seizures are especially important. Information collected is vital to the physician to monitor the type, frequency and pattern of the seizures. It is also very helpful in assessing the effectiveness of medications and used to make modifications in treatment.

• Medications used to control seizures can cause side effects, including: nausea and vomiting; sedation; drowsiness; dizziness; changes in vision, speech and coordination; irritability; and impaired concentration.

• Things to note and record:

PRIOR to seizure: Behavioral changes: Tired, irritable, quiet, inappropriate crying or laughter
Possible triggers include: Stress, sleep loss, lights, illness, excessive heat or cold, hormonal changes

DURING seizure: Time: Note start time, and how long it lasted
Level of consciousness: Alert - confused - conscious or not
Movements: What body parts were affected/type of involvement? (i.e. - rigid, jerking, fine tremors, tics or limp)
Eyes: Were they rolled Up? To the right or left?
Breathing: Normal - labored - irregular - absent
Skin: Color normal, blue or pale. Touch: Was it dry or sweaty, cool or warm?

AFTER seizure: State of consciousness: Alert or confused, how long until fully alert, coherent speech
Injury: Note any fall, injuries, bleeding, etc.
Other: Sleepy, weak, any headache, vomiting, passing of urine or stool