Seizure Emergency Care Plan

Student: _____

Grade: ____ DOB: _____School Year: _____

Mother: _____

Best phone number: _____

Parent/Guardian: _____

Best phone number: _____

Student Photo

Emergency Contact: _____ Relationship: _____ Phone number: _____

Seizure Information

Seizure Type/Name: _____ How Often: _____

What Happens: _____ How Long Does It Lasts: _____

SEIZURE TRIGGERS (check all that apply)**:**

- ☐ Missed Medicine
- ☐ Emotional Stress
- ☐ Menstrual Cycle
- ☐ Missing meals
- ☐ Lack of Sleep
- ☐ Physical Stress
- ☐ Flashing Lights
- ☐ Illness with high fever
- ☐ Specific food Specify: _____
- ☐ Other Specify: _____

SYMPTOMS that signal an oncoming seizure (check all that apply):

- ☐ Headache
- ☐ Staring Spells
- ☐ Confusion
- ☐ Dizziness
- ☐ Change in Vision/Aura
- ☐ Sudden Feeling of Fear or Anxiety
- ☐ Other Specify: _____

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

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

POST SEIZURE RECOVERY typical behaviors after seizure (check all that apply):

- ☐ Headache
- ☐ Drowsiness/Sleep
- ☐ Nausea
- ☐ Aggression
- ☐ Confusion/Wandering
- ☐ Blank Staring
- ☐ Other Specify: _____

Seizure Medicine *(To be Completed by a Recognized Medical Authority*)*

Name of Medication	Dosage Prescribed	Administration Time/Frequency

** Physician, Physician Assistant, or Nurse Practitioner licensed to practice in the State of California*

Date: _____

Print Physician's Name: _____

Office Stamp

Physician's Signature: _____

Parent/Guardian Signature: _____ Date: _____

This plan is in effect for only one school year.

All Emergency Care Plans need to be updated annually. The information given assists the district nurse in developing an Individual Healthcare Plan for each student.

1. **Medical alert jewelry worn:** ◻Yes ◻ No **IEP:** ◻Yes ◻No **504 Plan**: ◻Yes ◻No

2. **Age at onset of seizures?**_____ **When was the student's last seizure?** _____

3. **Describe what a seizure looks like** (stares into space, body stiffens, loses bladder control, etc.):

   _____

   _____

4. **Has the student ever had a seizure that lasted longer than 5 minutes?** ◻Yes ◻No

5. **Describe the student's understanding of their seizure disorder**
   ◻ None ◻ Limited ◻ Basic ◻ Knowledgeable

6. **Special considerations and precautions** (check all that apply and describe any actions that should be taken):

   ◻ General health _____
   ◻ P.E. & sports _____
   ◻ Learning _____
   ◻ Recess _____

SEIZURE FIRST AID

Image adapted with permission from the Epilepsy Foundation of America

Basic Seizure First Aid	A seizure is generally considered an emergency when:
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 chronic seizure:** Protect head Keep airway open/watch breathing Turn child on side	Convulsive seizure lasts longer than 5 minutes Student has repeated seizures without regaining consciousness Student is injured or has diabetes Student has a seizure for the first time Student has breathing difficulties Student has a seizure in water