

Pequea Valley School District



EPILEPSY FOUNDATION*

Seizure Action Plan

Effective Date _____

This child 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 _____ Cell _____
Other Emergency Contact _____	Phone _____ Cell _____
Treating Physician _____	Phone _____

Significant medical history _____

Seizure Information

Seizure Type	Length	Frequency	Description

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 _____

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 without regaining consciousness
- Student is injured or has diabetic
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

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 _____

Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	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 Considerations and Precautions (regarding school activities, sports, trips, etc.)

Physician Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____