

Seizure Action Plan

Student's Name: _____

Date of Birth: _____

Treating Physician: _____

Phone: _____

<u>Seizure Type</u>	<u>Length</u>	<u>Frequency</u>	<u>Description</u>

Seizure triggers & warning signs: _____

Student response after seizure: _____

Emergency Response

A Seizure Emergency for this student is defined as:

- Seizure lasts longer than _____ minutes
- Student has _____ repeated seizures
- Other _____



Seizure Emergency Protocol

(Check all that apply and clarify below)

- Call 911 for transport
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Contact school nurse
- Other _____

Basic First Aid

- Stay calm & track time
- Do not put anything in mouth
- Keep child safe
- Stay with child until fully conscious
- Do not restrain
- Record seizure in log

For tonic-clonic 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 diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

Does student need to leave the classroom after a seizure? YES NO

If YES, describe process for returning student to classroom:

Describe Special Considerations and Precautions

(regarding school activities, sports, trips) _____

Does student have a Vagus Nerve Stimulator? Yes No If YES, describe magnet use: _____

Emergency Contact 1:

Name

Phone Number

Relationship

Emergency Contact 2:

Name

Phone Number

Relationship

Emergency Contact 3:

Name

Phone Number

Relationship

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

Medication	Dosage	Time Given	Common side Effects/Special Instructions

Please contact the office at your child's school regarding the Medication Policies of Moore Public Schools. If your child must take prescription or over-the-counter medication during the school day, he or she must have a current Medication Consent Form on file signed by a physician and a parent or guardian.

Seizure IHP

Assessment Data: (check or circle if applicable)

Signs/ Symptoms:

Triggers

<input type="checkbox"/> Aimless Wandering <input type="checkbox"/> Fluttering eyelids <input type="checkbox"/> Falling down <input type="checkbox"/> Blank stare <input type="checkbox"/> Confusion <input type="checkbox"/> Muscle stiffness <input type="checkbox"/> Rhythmic convulsions <input type="checkbox"/> Purposeless activity <input type="checkbox"/> Fluttering eyelids <input type="checkbox"/> Repetitive acts/movements <input type="checkbox"/> Loss of Control: Bowel Bladder Saliva (drooling) <input type="checkbox"/> Twitching of body part: which part _____ <input type="checkbox"/> Other (Describe) _____	<input type="checkbox"/> Bright lights/ strobe lights <input type="checkbox"/> Temperature changes <input type="checkbox"/> Fatigue <input type="checkbox"/> Stress <input type="checkbox"/> Loud noises <input type="checkbox"/> Hunger <input type="checkbox"/> Fever <input type="checkbox"/> Other: _____
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Frequency of seizure episodes: _____ # of hospitalizations in last 12 months _____

Has positive support system: Y/N Describe: _____

Nursing diagnosis: 1. Potential for physical and emotional trauma r/t seizures 2. Potential for less than optimal school achievement r/t seizures 3. Deficient knowledge r/t seizure disorder and triggers 4. Risk for delayed development r/t seizures 5. Situational low self-esteem r/t seizure disorder 6. Other: _____	Goals: 1. Increase knowledge about seizures and the student's specific triggers 2. Participate in regular school/class activities, including physical education class, with modifications made as necessary. 3. Seeks assistance when needed 4. Increased school attendance 5. Seizures will be controlled for optimum school participation 6. Reduce physical and emotional trauma r/t seizures 7. Other: _____
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Interventions: (check if applicable)

- _____ Protect student from harm during seizure; place something soft under student's head
- _____ Do not attempt to put anything in student's mouth or restrain student
- _____ Monitor and record seizure activity and length
- _____ Call 911 and parent if seizure lasts more than _____ minutes. If seizure last >5 minutes, 911 will be called.

Health Education: U= understands N= needs more information

	Date	Date	Date	Date
Signs/ Symptoms				
Restricted activities				
Adequate sleep				
Triggers				
Out-of-school resources				
Medic alert bracelet				

Student Outcomes

1. Student will be physically and emotionally free from trauma of seizures
2. Student will experience minimal seizure activity.
3. Student will demonstrate/describe activities in Health Education.
4. Student will obtain adequate sleep.

Parent Signature: _____

Date: _____

Nurse Signature: _____

Date: _____