

# 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              | 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) seizures:**  
 \_\_\_ 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

**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.)**

I give my permission for the school nurse to share this information with his/her teachers    Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_