

# Seizures - Emergency Action Plan

## Student Information

**Student Name:** CedarTrain Sample41

**Birth Date:** 05/18/2008

**Weight:**

**Address:** 1234 Candy Cane Lane

**Parent:** First Name

**PH#:** Primary

**ALT PH#:**

**Grade:** Tenth grade

**School:** Cedar Springs High School

**Plan Date:** 05/18/2024

**Doctor:** HDVCH Pediatric Neurology

**Doctor's Location:** HDVCH Pediatric Neurology:

35 Michigan St NE #3003, Grand Rapids, MI  
49503

**Doctor's Phone:** 616-267-2500

**Doctor's Fax:** 616-267-2501

**Teacher:** Teacher

## Allergies and Health Concerns

**Allergies:** Known Allergies

**Additional Health Concerns/Medical Diagnosis:** All pertinent medical documentation:

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**Emergency Contact Name Phone Number Alt Phone Number**

## Warning Symptoms and Seizure Behavior

**Describe "typical" seizure behavior for this student:**

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**Warning Symptoms:**

- None
- Nausea/vomiting
- Cold
- Tremor
- Numbness
- Tingling
- Auditory Aura

- Visual Aura**
- Headache**
- Smell/taste Aura**
- Other:**

## Emergency Care

1. Do not leave student alone.
2. Consider calling MERT ( ) and 9-1-1.
3. Call School Nurse (Megan Dailey BSN, RN) and parent.
4. Provide treatment as prescribed by doctor:
  - Give medication for seizure greater than minutes, expiration , stored in
  - Give medication for seizure greater than minutes, expiration , stored in
5. If breathing stops, provide CPR.
6. Assist student to safe area on floor away from furniture and other potentially harmful objects.
7. Remove glasses; loosen restrictive clothing. Place student on side (**note: student may have noisy breathing during seizure**)
8. **DO NOT PLACE ANYTHING IN MOUTH OF STUDENT.** Do not restrain or try to stop purposeless behavior.
9. Observe and record seizure behavior (before/during/after) on seizure observation record. (see attached)
10. Monitor student for bluing of lips or nail beds.
11. Call 9-1-1 if student:
  - o Stops breathing.
  - o Has seizure that is different than their "typical" seizure.
  - o Has seizure that lasts longer than 5 minutes.
12. Additional considerations:
   
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13. Complete an Accident/Incident Report if 9-1-1 is called.

## Transportation and Field Trips

Unlicensed Trained Staff need to accompany on field trip.  
 Unlicensed Trained Staff need to accompany on bus.  
 During field trips, provide care as described EXCEPT:

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**School Nurse:** Megan Dailey  
BSN, RN

**Phone:** 616-696-1204 ext 1043  
**Phone:**

**Alternate Phone:** 616-696-  
1200 ext 7927

**Back up Nurse:**

**Alternate Phone:**

# Seizures - Individualized School Healthcare Plan

**Student Name:** CedarTrain Sample41

**Birth Date:** 05/18/2008

**Epilepsy** is a medical condition that produces seizures affecting a variety of mental and physical functions. It's also called a **seizure disorder**. When a person has two or more unprovoked seizures, they are considered to have epilepsy. A seizure happens when a brief, strong surge of electrical activity affects part or all of the brain. Seizures can last from a few seconds to a few minutes. They can have many symptoms, from convulsions and loss of consciousness to some that are not always recognized as seizures by the person experiencing them or by health care professionals: blank staring, lip smacking, or jerking movements of arms and legs. There are many different types of seizures. People may experience just one type or more than one. The kind of seizure a person has depends on which part and how much of the brain is affected by the electrical disturbance that produces seizures. Experts divide seizures into generalized seizures (absence, atonic, tonic-clonic, myoclonic), partial (simple and complex) seizures.

## 1. Follow Seizure Management Plan from the doctor.

- Seizure Management plan is available and attached: No
- Medication/Treatment order is available and attached: No
- Treatment Schedule at School:

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## 2. Other Considerations

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## 3. Avoid triggering stimuli if possible.

### Triggering Stimuli Include:

- Unknown
- Heat/Cold
- Low Blood Sugar
- Menses
- Fatigue
- Fever
- Injury
- Psychosocial Issues
- Light
- Hyperventilation
- Other:

4. Additional instructions:

- o Remove student from excess stimulation in classroom to safe, quiet area. Allow student to rest.
- o If low blood sugar is "trigger," administer carbohydrate/protein snack (as ordered).
- o If fever is "trigger," administer non-aspirin fever-reducing medicine (as ordered).
- o Other:

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5. Present Level of Functioning

Student is:

- o able to identify and avoid triggers: No
- o able to recognize and communicate early warning signs: No

6. List school staff that are trained to follow emergency procedures:

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7. Nursing Goals:

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**Care Plan developed on:** 05/18/2024

**Does this student need a Plan of Care for medical supports?**  Yes  No

**School Nurse:** Megan Dailey  
BSN, RN

**Phone:** 616-696-1204 ext 1043

**Alternate Phone:** 616-696-1200 ext 7927