

**Seizure  
Emergency Action Plan**

<b>Student Name:</b>	School:	Year:
Date of Birth:	Teacher:	Grade:
Bus # AM          Bus # PM		
Parent/Guardian #1:	Daytime phone #:	Cell:
Parent/Guardian #2:	Daytime phone #:	Cell:
Emergency Contact:	Daytime phone #:	Cell:
Healthcare Provider:	Office #:	

1. What type of seizures does your child have? \_\_\_\_\_
2. How often does your child have seizures? \_\_\_\_\_
3. Briefly describe what symptoms your child has during and after a seizure: \_\_\_\_\_  
\_\_\_\_\_
4. Does your child have any triggers or warnings of a seizure coming? If so, explain: \_\_\_\_\_  
\_\_\_\_\_
5. Does your child require medication during a seizure? If so, please list them: \_\_\_\_\_  
\_\_\_\_\_
6. Does your child have a vagal nerve stimulator? \_\_\_\_\_

<b>IF YOU SEE THIS:</b>	<b>DO THIS:</b>
<ul style="list-style-type: none"> <li>• Student becomes limp or limbs stiffen</li> <li>• Eyes roll back or staring</li> <li>• Does not respond to verbal commands</li> <li>• Cannot walk</li> </ul>	<ul style="list-style-type: none"> <li>• Help the student lie down</li> <li>• Remain with student</li> <li>• Notify School Nurse</li> <li>• Notify parent/guardian</li> </ul>
<ul style="list-style-type: none"> <li>• Convulsive, jerking, or rigid type muscle movements</li> </ul>	<p align="center"><b>Basic Seizure First Aid</b></p> <ul style="list-style-type: none"> <li>• Help the student lie down and protect head</li> <li>• Swipe vagal nerve stimulator, if available</li> <li>• Remove any hard/sharp objects from the area</li> <li>• <b>DO NOT</b> place any object in student's mouth</li> <li>• Note time seizure begins and ends and symptoms</li> <li>• Turn child to one side if possible</li> <li>• Notify School Nurse</li> <li>• Notify parent/guardian</li> </ul>
<ul style="list-style-type: none"> <li>• Vomits during or after seizure</li> </ul>	<ul style="list-style-type: none"> <li>• Turn student's head to one side to prevent choking</li> </ul>
<ul style="list-style-type: none"> <li>• No breathing after seizure stops</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Begin CPR</b></li> <li>• <b>Call 911</b></li> </ul>
<ul style="list-style-type: none"> <li>• If seizure lasts more than 5 minutes</li> <li>• Second seizure occurs soon after first</li> <li>• If student is pregnant, injured, or has diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• Administer emergency medication, as ordered</li> <li>• <b>Call 911</b></li> <li>• If has diabetes, refer to Diabetes Care Plan</li> </ul>

*\*This information will be shared with any school staff members as deemed necessary unless you state otherwise. I agree to inform school staff of any change in my child's health status that would warrant change in this action plan.*

**Yes**  **No** I hereby authorize the school nurse or principal and the above physician to share information relative to the health of my child named above.

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

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Seizures

Seizures are caused by a sudden electrical disturbance in the brain.

<b>GENERALIZED SEIZURES</b> (Involves whole brain at the same time)	<b>SIGNS AND SYMPTOMS</b>
Tonic-Clonic: - Also known as Grand Mal	Tonic Phase: <ul style="list-style-type: none"> <li>• Stiffening of limbs</li> <li>• Breathing may slow or completely stop causing blue lips, nail beds, and face</li> </ul> Clonic Phase: <ul style="list-style-type: none"> <li>• Jerking of limbs and face</li> <li>• May urinate</li> </ul>
Absence Seizures - Also known as Petit Mal	<ul style="list-style-type: none"> <li>• Lapses of awareness</li> <li>• Staring</li> <li>• Begins and ends abruptly</li> </ul>
Atonic Seizure	<ul style="list-style-type: none"> <li>• Abrupt loss of muscle tone resulting in head drops, loss of posture, or sudden collapse.</li> </ul>
Myoclonic Seizure	<ul style="list-style-type: none"> <li>• Twitches and jerks in all or part of the body</li> </ul>

<b>PARTIAL SEIZURES</b> (Begins in part of the brain and can remain there or spread out to involve the whole brain)	<b>SIGNS AND SYMPTOMS</b>
Simple Partial	<ul style="list-style-type: none"> <li>• No loss of consciousness</li> <li>• May not be able to speak or move until seizure stops</li> <li>• Remains awake and fully aware of surroundings</li> </ul>
Complex Partial	<ul style="list-style-type: none"> <li>• Consciousness is impaired</li> <li>• Not in control of movements, speech, or actions</li> <li>• Doesn't know what they are doing and can't remember afterwards</li> <li>• May appear awake but can't respond with appropriate movements or speech</li> </ul>

**Status epilepticus** – when a seizure continues for a long time (more than 30 min.) or when a student has several seizures without time to recover between them.

**Office Use Only**

Notification to:

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Teacher  | <input type="checkbox"/> Bus              | <input type="checkbox"/> EAP/IHP Notebook          |
| <input type="checkbox"/> Specials | <input type="checkbox"/> First Responders | <input type="checkbox"/> Original to Health Folder |