# **SEIZURE** Emergency Action Plan

Keller ISD Health Services Department

**Name:**_____ **DOB:**_____ **Teacher/Grade:**_____

**Emergency Contact #1:**_____ **Preferred Contact #:**_____

**Emergency Contact #2:**_____ **Preferred Contact #:**_____

**Physician Treating Seizures:**_____ **Preferred Contact #:**_____

**Preferred Hospital:**_____

Diagnosis/Condition: **SEIZURE DISORDER** Type of Seizures: _____

Date of Last Seizure:_____

**PLEASE CHECK THE STUDENT'S SIGNS AND SYMPTOMS:**

- ☐ Loss of consciousness
- ☐ Falling down
- ☐ Muscle stiffness
- ☐ Confusion
- ☐ Repetitive movement
- ☐ Aimless wandering
- ☐ Fluttering eyelids
- ☐ Blank stare
- ☐ Purposeless activity
- ☐ Twitching/Jerking of body parts
- ☐ Loss of Control (bladder, bowels, drooling)
- ☐ Rhythmic convulsions
- ☐ Other:_____

**PLEASE CHECK ANY TRIGGERS FOR STUDENT'S SEIZURE:**

- ☐ Bright light/strobe
- ☐ Temperature (hot/cold)
- ☐ Stress
- ☐ Loud Noises
- ☐ Fever
- ☐ Fatigue
- ☐ Hunger
- ☐ Other:

## ACTION IF STUDENT HAS A SEIZURE AT SCHOOL:

☐ **Rest**

☐ **Call parent**

☐ **Call 911 when**_____

911 will always be called if seizure lasts longer than 5 minute AND/OR

- If student has repeated seizures
- If student has trouble breathing
- If student cannot be aroused after seizure
- If student is pregnant, diabetic, or has no known seizure history

☐ **Administer following emergency medication(s):** (additional form(s) required for medications)

| Emergency Medication Name | Medication/Magnet Location | Dosage | Route | Trained Staff/ Extension | Buddy Nurse/ Extension |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| Vagal Nerve Stimulator **Special Procedure Form Required** | | N/A | N/A | | |

**Student's Name**: _____ **DOB**: _____

**DIAGNOSIS/CONDITION: SEIZURES** **TYPE OF SEIZURE:** _____

## Additional Information:

**Acknowledged and Received By:**

**Parent Signature:** _____ **Date:** _____

**Registered Nurse Signature:** _____ **Date:** _____

**Licensed Vocational Nurse Signature:** _____ **Date:** _____

☐ Seizure EAP electronically sent via Laserfiche to all staff directly involved with student services. Date: _____