

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: _____ DOB: _____ Age: _____
 Parent/Guardian Name: _____ Phone: _____ Cell: _____
 Treating Physician: _____ Office: _____ Fax: _____
Significant Medical History: _____

SEIZURE INFORMATION: Age of child when seizures started? _____

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs: _____
 Student's reaction to seizure after a seizure is over: _____
 How do other illnesses affect child's seizures? _____

Daily Seizure Medication	Dosage & Time	Common Side Effects & Special Instructions

BASIC FIRST AID: CARE & COMFORT:

In addition to Basic Seizure First Aid, what other procedures should be done when child has a seizure?

Does student need to leave the classroom after a seizure? **YES NO**
 Should an extra change of clothes be kept at school? **YES NO**
 Does child have a VNS? **YES NO**
 If yes, please complete the VNS authorization form.

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) seizure:

- ✓ Protect head
- ✓ Keep airway open/watch breathing
- ✓ Turn child on side

EMERGENCY RESPONSE:

A "seizure emergency" for this student is:

Seizure Emergency Protocol: *(Check all that apply and clarify below)*

- Follow Seizure Emergency Guidelines
- Call 911 for transport to _____
- Notify parent or emergency contact
- Notify doctor
- Other _____
- Administer **EMERGENCY/RESCUE MEDICATION** as indicated below:
 (Name, amount, route, frequency)

Seizure Emergency Guidelines
A Seizure is generally considered an Emergency when:

- ✓ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ✓ Student has repeated seizures without regaining consciousness
- ✓ Student has a first time seizure
- ✓ Student is injured or has diabetes
- ✓ Student has breathing difficulties
- ✓ Student has a seizure in water

SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS: *(regarding school activities, sports, trips, etc.)*

Recommendations for physical activity: unrestricted restricted (explain) supervision (explain)

Does the student need any special activity adaptations/protective equipment (e.g., helmet) at school? **YES (explain) NO**

Physician Name/Signature: _____ Date: _____
 Parent or Guardian Name/Signature: _____ Date: _____
 Reviewed by School Nurse: _____ Date: _____

If you have additional questions, contact HealthServices@ousd.org | www.ousd.org