



School Nurse Verify & Initial:

- _____ MD signature obtained
- _____ Medication Authorization Form on file
- _____ Teacher/Staff trained & signatures on file

SEIZURE ACTION PLAN

Student Name _____ DOB ____/____/____ Grade _____

Parent/Guardian _____ Phone _____ Cell _____

Treating Physician _____ Phone _____

Significant Medical History _____

Vagus Nerve Stimulator Yes ___ No ___

This child is being treated for a seizure disorder. The information below should assist you if a seizure occurs during the school day.

DURING SEIZURE ACTIVITY

- 1) **STAY WITH THE CHILD**
- 2) **BASIC SEIZURE FIRST AID**
 - a) If falling or generalized jerking occurs, place child on floor.
 - b) Stay calm and track time.
 - c) Gently support head to side position and monitor breathing and pulse.
 - d) **DO NOT** restrain child. **DO NOT** try and place anything in child's mouth or between child's teeth.
 - e) Protect child by moving items away that may cause injury – e.g. desks, chairs.
 - f) Loosen clothing at neck and waist; remove eyeglasses (if applicable).
 - g) Have another classroom adult remove/direct students from the area.
 - h) Immediately notify school nurse for Diastat administration (if ordered). If nurse unavailable for Diastat delivery, call 9-1-1.
- 3) **TIME THE SEIZURE.** Observe pattern of the seizure and be prepared to describe it for 911 or school nurse.
- 4) **9-1-1 IF CHILD EXHIBITS:**
 - a) Absence of breathing and/or pulse (Start CPR for absence of breathing and pulse).
 - b) Convulsive seizure of 5 minutes of greater duration.
 - c) Two or more consecutive seizures without regaining consciousness.
 - d) No previous history of seizure activity.
 - e) Injury or has diabetes.
 - f) Unusually pale or bluish skin/lips or noisy breathing after the seizure has stopped.
 - g) Seizure that requires administration of Diastat.

AFTER SEIZURE ACTIVITY, if Diastat NOT administered

1. Reorient and reassure child.
 - a. Allow/assist change into clean clothing if necessary.
 - b. Allow child to sleep, as desired, after seizure.
 - c. Allow child to eat, as desired, once fully alert and oriented.
2. A child recovering from a generalized seizure may manifest abnormal behavior such as incoherent speech, extreme restlessness, and confusion. This may last from five minutes to hours.
3. Inform parents as soon as possible of any seizure activity and especially when:
 - a. Seizure is different from usual type/frequency/has not occurred at school in past month.
 - b. Seizure meets criteria for 911 emergency call.
 - c. Child has not returned to "normal self" after 30/60 minutes.

The child's IHP and medical order should be taken into consideration when dealing with a seizure disorder. It is the parent's responsibility to determine follow-up care for seizures not requiring 911.

Individual considerations: _____

Physician Signature: _____

Date: _____

Nurse Signature: _____

Date: _____

Parent Signature: _____

Date: _____