

# Seizure Action Plan

School Year \_\_\_\_\_



## Student

Name

Phone

Date of Birth

## Parent

Name

Phone

## Treating Physician

Name

Phone

## Significant Medical History

### Basic Seizure First Aid:

- Stay calm and track time
- Keep child safe
- Do not restrain
- Do not put anything in mouth
- Stay with child until fully conscious
- Record seizure in log

### Tonic-Clonic (Grand Mal) Seizure

- Protect head
- Keep airway open/watch breathing
- Turn child on side when seizure stops

### A Seizure is 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

## Seizure Information

| Type | Length | Frequency | Description |
|------|--------|-----------|-------------|
|      |        |           |             |
|      |        |           |             |
|      |        |           |             |

| First Aid Information               |                                                                                               |
|-------------------------------------|-----------------------------------------------------------------------------------------------|
| <i>Select all boxes that apply:</i> |                                                                                               |
| <input type="checkbox"/>            | Triggers or warning signs:                                                                    |
| <input type="checkbox"/>            | Student's reaction to seizure:                                                                |
| <input type="checkbox"/>            | Does the student leave the room during seizure? If yes, describe the return-to-class process: |
| <input type="checkbox"/>            | Are there safety precautions required during activities?                                      |
| <input type="checkbox"/>            | Define a "Seizure Emergency" for this student:                                                |

| Emergency Protocol                  |                                                                                |
|-------------------------------------|--------------------------------------------------------------------------------|
| <i>Select all boxes that apply:</i> |                                                                                |
| <input type="checkbox"/>            | Call 911 for transport to:                                                     |
| <input type="checkbox"/>            | Contact School Nurse at:                                                       |
| <input type="checkbox"/>            | Notify parent/guardian:                                                        |
| <input type="checkbox"/>            | Notify doctor:                                                                 |
| <input type="checkbox"/>            | Does student have a Vagus Nerve Stimulator (VNS)? If yes, describe magnet use: |
| <input type="checkbox"/>            | Administer Emergency Rescue Medication:                                        |

| Treatment Protocol School Hours       |             |                   |                     |                      |
|---------------------------------------|-------------|-------------------|---------------------|----------------------|
| <i>Daily and Emergency Medication</i> | <i>Dose</i> | <i>Time Given</i> | <i>Instructions</i> | <i>Date Received</i> |
|                                       |             |                   |                     |                      |
|                                       |             |                   |                     |                      |

|                              | Signature | Date |
|------------------------------|-----------|------|
| <i>Physician</i>             |           |      |
| <i>Parent/Guardian</i>       |           |      |
| <i>Licensed School Nurse</i> |           |      |