# Seizure Management and Treatment Plan Form

This form is designed to help create a plan for managing student seizures. It consists of questions about seizure history, medications, precautions, and other considerations. This form should be completed jointly by the student's parents and treating physician and provided to the campus nurse or other appropriately identified personnel.

**Student Name:** **Date of Birth:** **Date:**

**Parent/Guardian:** **Phone:** **Email:**

**Emergency Contact/ Relationship:** **Phone:** **Email:**

## Seizure Information

| Seizure Type | Length (How long it lasts) | Frequency (How often) | What Happens During a Seizure |
|---|---|---|---|
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## Known Seizure Triggers or Warning Signs

| | | |
|---|---|---|
| Missed Medicine | Emotional Stress | Lack of Sleep |
| Physical Stress | Flashing Lights | Missing Meals |
| Illness with High Fever | Alcohol/Drugs | Menstrual Cycle |

Response to specific food or excess caffeine. Specify:

Other:

## VNS/Devices

Devices: VNS RNS DBS

Date Implanted:

Magnet Use/Instructions:

## Basic first aid to be provided during a seizure

- **STAY** calm, keep calm, begin timing the seizure
- Keep the student **SAFE**: remove harmful objects, don't restrain, and protect their head
- Turn the student on **SIDE** if not awake, keep airway clear, don't put objects in mouth
- **STAY** until the student recovers
- **SWIPE** magnet for VNS
- Write down what happened during the seizure
- Other:

## When to call 911 – A seizure emergency for the student

- Seizure with a loss of consciousness longer than five minutes and not responding to rescue medicine if available
- Repeated seizures lasting longer than 10 minutes, with no recovery between them and the student is not responding to available rescue medicine
- Difficulty breathing after seizure
- Serious injury occurs or is suspected; seizure in water

## When to call student's doctor first

- A change in seizure type, number, or pattern
- Student does not return to usual behavior (i.e., confused for a long period)
- A first time seizure that stops on its own
- Other medical problems or a pregnancy needs to be checked

Developed in collaboration with the Epilepsy Foundation
Form defined by TEC §38.032

Student name: Date of birth:

## Seizure Emergency Protocol for District Personnel to Follow

- Administer emergency medications
- Contact school nurse:
- Call 911; transport to
- Notify parent or emergency contact and doctor
- Other:

## When and What to Do When Rescue Therapy is Needed

If seizure (cluster, # or length):
Name of Med/Rx:
How much to give (dose):
How to give:

If seizure (cluster, # or length):
Name of Med/Rx:
How much to give (dose):
How to give:

## Student's Response and Care After a Seizure

What type of help is needed?
When is the student able to resume usual activity?
Does the student need to leave the classroom? Yes No
If yes, when can the student return to the classroom?
Is the student able to manage and understand their seizures? Yes No

## Special Instructions

First Responders:
Emergency Department:

## Daily Seizure Medication

| Medication Name | Dosage | Time to be Given | Common Side Effects | Special Instructions |
|---|---|---|---|---|
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## Other Information

Important medical history:
Allergies:
Epilepsy surgery (type, date, side effects):
Diet therapy: Ketogenic Low-Glycemic Modified Atkins Other:
Special considerations, instructions, or precautions (i.e., school trips, activities, sports, etc.):

## Health Care Contacts

Epilepsy Provider: Phone:
Primary Care: Phone:
Preferred Hospital: Phone:
Pharmacy: Phone:
Parent/Guardian Signature: Date:
Epilepsy Provider Signature: Date: