



# SEIZURE ACTION PLAN

Effective Date: \_\_\_\_\_

This child is being treated for a seizure disorder. This information below should assist you if a seizure occurs during childcare hours.

Child's Name	Date of Birth	
Parent/Guardian	Phone	Cell
Other Emergency Contact	Phone	Cell
Treating Physician	Phone	
Significant Medical History		

### Seizure Information

Seizure Type	Length	Frequency	Description

Seizure triggers or warning signs:

Child response after a seizure:

### Basic First Aid: Care and Comfort

Please describe any specific comfort measures for your child:

If able, do you prefer your child to return to class once they have recovered from their seizure?  Yes  No

### 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

### For tonic-clonic seizure:

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

### Emergency Response

A "seizure emergency" for this child is defined as:

### Seizure Emergency Protocol

(Check all that apply and clarify below)

- Call 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Administer emergency medications as indicated below
- Notify doctor
- Other \_\_\_\_\_

### A seizure is generally considered an emergency when:

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

### Treatment Protocol During Childcare Hours (include daily and emergency medications)

Emerg. Med.	Medication	Dosage	Common Side Effects & Special Instructions

Does child have a Vagus Nerve Stimulator?  Yes  No If YES, describe magnet use:

### Special Considerations and Precautions (regarding activities, sports, trips, etc.)

Describe any special considerations or precautions:

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_