EPILEPSY FOUNDATION

Seizure Action Plan

Effective Date

Student'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: Student's response after a seizure:

Basic First Aid: Care & Comfort

Please describe basic first aid procedures:

Does student need to leave the classroom after a seizure? ☐ Yes ☐ No

If YES, describe process for returning student to classroom:

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 seizure:

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

Emergency Response

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

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

- ☐ Contact school nurse at _____
- ☐ 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
- Student has repeated seizures without regaining consciousness
- Student is injured or has diabetes
- Student has a first-time seizure
- Student has breathing difficulties
- Student has a seizure in water

Treatment Protocol During School Hours (include daily and emergency medications)

Emerg. Med. ✓	Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

x x

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

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

Describe any special considerations or precautions: **Emergency medications ordered to be given rectal or nasal can only be administered by a RN in the school setting. If no RN is present, Seizure Emergency Protocol will be followed EXCEPT for the administration of emergency medication! 911 will be called!**

Physician Signature _____ Date _____

Parent Signature _____ Date _____

Nurse Signature _____ Date _____