SEIZURE ACTION PLAN

Student Photo

School _____ Date _____

THIS STUDENT IS BEING TREATED FOR A SEIZURE DISORDER.
THE INFORMATION BELOW SHOULD ASSIST YOU IF A SEIZURE OCCURS DURING SCHOOL HOURS.

Student _____ **Birthdate** _____ **Grade/Rm.** _____

EMERGENCY CONTACTS:

NAME	RELATIONSHIP	TELEPHONE NUMBER

Treating Physician _____ Telephone _____

Significant Medical History _____

Allergies _____

Triggers or warning signs _____

BASIC SEIZURE FIRST AID	WHEN IS A SEIZURE AN EMERGENCY?	EMERGENCY RESPONSE
• Stay calm and track time • Keep student from injury • Do not restrain student • Put nothing in student's mouth • Turn student on their side • Stay with student until conscious • Record episode in log	• Tonic-clonic convulsions > 5 minutes • Repeated seizures without recovery • Student is injured • Student has Diabetes • First episode of seizure for student • Seizure occurs underwater • Student experiences breathing difficulty • Student does not respond to medications	• Create a safe physical space • Protect student's airway • Call school nurse at _____ • Call 911 for transport to _____ • Administer emergency medications • Notify parent/ emergency contact • Other: _____

EMERGENCY MEDICATIONS:

	MEDICATION NAME	DOSE	ROUTE	FREQUENCY	SIDE EFFECTS/ SPECIAL INSTRUCTIONS
DAILY					
PRN					

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

Protocol following in-school seizure:	Convert to EMERGENCY Protocol if:
☐ Rest in clinic under observation	☐ Seizures are back-to-back without return to baseline
☐ Return to class after _____ minutes	☐ Emergency meds do not stop seizure after _____ minutes
☐ Log seizure activity in student's records	☐ Student does not return to baseline after _____ minutes
☐ Notify parent/ listed emergency contact	☐ Seizure does not stop despite activating VNS
☐ Other: _____	☐ Other: _____

Special Considerations and Safety precautions (regarding school activities, sports, trips): _____

_____

Parent/Guardian _____
Printed name Signature Date

Physician _____
Printed name Signature Date