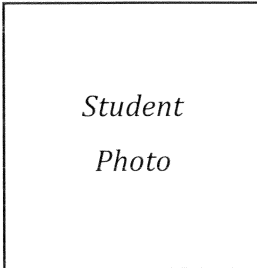




# SEIZURE ACTION PLAN



Student  
Photo

School \_\_\_\_\_

**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
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Treating Physician \_\_\_\_\_ Tel \_\_\_\_\_

Significant Medical History \_\_\_\_\_

Allergies \_\_\_\_\_

Triggers or warning signs \_\_\_\_\_

## SEIZURE EMERGENCY PROTOCOL

A "seizure emergency" for this student is defined as: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

- Seizure lasting > \_\_\_\_\_ minutes
- \_\_\_\_\_ or more Seizures in \_\_\_\_\_ hour(s)
- Other \_\_\_\_\_

### SEIZURE EMERGENCY PROTOCOL: (CHECK ALL THAT APPLY AND CLARIFY BELOW)

- CONTACT NURSE/CLINIC STAFF AT \_\_\_\_\_
- Call 911 for transport to \_\_\_\_\_
- Notify parent or emergency contact
- Notify doctor
- Administer emergency medications as indicated below
- Other \_\_\_\_\_

## TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)

Daily Medication	Dosage & Time of Day Given	Common Side Effects & Special Instructions

Emergency Medication/ Instructions: \_\_\_\_\_

### Call 911 if

- Seizure does not stop within \_\_\_\_\_ minutes of giving Emergency medication
- Child does not start waking up within \_\_\_\_\_ minutes after seizure stops (NO Emergency medication given)
- Child does not start waking up within \_\_\_\_\_ minutes after seizure stops (AFTER Emergency medication is given)
- Seizure does not stop by itself or with VNS (Vagal Nerve Stimulator) within \_\_\_\_\_ minutes

### Following a seizure

- Child should rest in clinic.
- Child may return to class (specify time frame \_\_\_\_\_ )
- Notify parent immediately.
- Send a copy of the seizure record home with child for parents.
- Notify physician.
- Other

**Seizure Information** - Student may experience some or all of the listed symptoms during a specific seizure.

<i>Seizure Type(s)</i>	<i>Description</i>	
<input type="checkbox"/> Absence	<ul style="list-style-type: none"> <li>• Staring</li> <li>• Eye blinking</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of awareness</li> <li>• Other _____</li> </ul>
<input type="checkbox"/> Simple partial	<ul style="list-style-type: none"> <li>• Remains conscious</li> <li>• Distorted sense of smell, hearing, sight</li> </ul>	<ul style="list-style-type: none"> <li>• Involuntary rhythmic jerking/twitching on one side</li> <li>• Other _____</li> </ul>
<input type="checkbox"/> Complex partial	<ul style="list-style-type: none"> <li>• Confusion</li> <li>• Not fully responsive/unresponsive</li> </ul>	<ul style="list-style-type: none"> <li>• May appear fearful</li> <li>• Purposeless, repetitive movements</li> <li>• Other _____</li> </ul>
<input type="checkbox"/> Generalized tonic-clonic	<ul style="list-style-type: none"> <li>• Convulsions</li> <li>• Stiffening</li> <li>• Breathing may be shallow</li> <li>• Lips or skin may have blush color</li> </ul>	<ul style="list-style-type: none"> <li>• Unconsciousness</li> <li>• Confusion, weariness, or belligerence when seizure ends</li> <li>• Other _____</li> </ul>

Seizure usually lasts \_\_\_\_\_ minutes and returns to baseline in \_\_\_\_\_ minutes.

Triggers or warning signs \_\_\_\_\_

**Call parents under the following circumstances**

1. \_\_\_\_\_
2. \_\_\_\_\_

<b>Basic Seizure First Aid</b>
<ul style="list-style-type: none"> <li>• Stay calm &amp; track time</li> <li>• Keep child safe</li> <li>• Do not restrain</li> <li>• Do not put anything in mouth</li> <li>• Stay with child until fully conscious</li> <li>• Record seizure in log</li> </ul>
<b>For tonic-clonic (grand mal) seizure:</b>
<ul style="list-style-type: none"> <li>• Protect head</li> <li>• Keep airway open/watch breathing</li> <li>• Turn child on side</li> </ul>

<b>A Seizure is generally considered an EMERGENCY when</b>
<ul style="list-style-type: none"> <li>• A convulsive (tonic-clonic) seizure lasts longer than 5 minutes</li> <li>• Student has repeated seizures without regaining consciousness</li> <li>• Student sustains a head injury during episode</li> <li>• Student has a first-time seizure</li> <li>• Student is injured or has diabetes</li> <li>• Student has blue/grey color change</li> <li>• Student has breathing difficulties</li> <li>• Student has a seizure in water</li> </ul>

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

**Signatures**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



*Reviewed by Dr. Carly Wilbur  
April 2019*