



# SEIZURE ACTION PLAN

Effective Date: 23 March 2011

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

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Treating Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Significant medical history: \_\_\_\_\_

### **SEIZURE INFORMATION:**

<i>Seizure Type</i>	<i>Length</i>	<i>Frequency</i>	<i>Description</i>

Seizure triggers or warning signs: \_\_\_\_\_

Student's reaction to 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

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| <p><b>Basic Seizure First Aid:</b></p> <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> <p><u>For tonic-clonic (grand mal) seizure:</u></p> <ul style="list-style-type: none"> <li>✓ Protect head</li> <li>✓ Keep airway open/watch breathing</li> <li>✓ Turn child on side</li> </ul> |
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### **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
- Notify doctor
- Administer emergency medications as indicated below
- Other \_\_\_\_\_

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| <p>A Seizure is generally considered an Emergency when:</p> <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 has a first time seizure</li> <li>✓ Student is injured or has diabetes</li> <li>✓ Student has breathing difficulties</li> <li>✓ Student has a seizure in water</li> </ul> |
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### **TREATMENT PROTOCOL DURING SCHOOL HOURS: (include daily and emergency medications)**

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

Emergency/Rescue Medication

Does student have a **Vagus Nerve Stimulator (VNS)**? YES NO

If YES, Describe magnet use \_\_\_\_\_

### **SPECIAL CONSIDERATIONS & SAFETY PRECAUTIONS:** *(regarding school activities, sports, trips, etc.)*

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_