

# Seizure Action Plan

## with Emergency Seizure Care Instructions

This student is being treated for a seizure disorder. The information below should assist you if a seizure occurs during school hours.

Student's First Name		Student's Last Name		Date of Birth (Mo/Da/Year)	
Parent/Guardian Name		Tel (Home)	Tel (work)	Tel (cell)	
Other Emergency Contact		Tel (Home)	Tel (work)	Tel (cell)	
Child's Neurologist or Treating Physician		Tel Number(s)		Email	

### Seizure Information

What types of seizures does your child have? Describe seizure symptoms in more detail below.			
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:	<p style="text-align: center;"><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>✓ Stay with child until fully conscious</li> <li>✓ Record seizure in log</li> <li>X Do <u>not</u> restrain</li> <li>X Do <u>not</u> put anything in mouth</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>	
Does student need to leave the classroom after a seizure?	<b>NO</b>	<b>YES</b>
If YES, describe process for returning student to the classroom:		

### Emergency Response

A "seizure emergency" for this student is defined as:	<p style="text-align: center;"><b>A Seizure is generally considered an Emergency when:</b></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 diabetic</li> <li>✓ Student has breathing difficulties</li> <li>✓ Student has a seizure in water</li> </ul>
Seizure Emergency Protocol (check all that apply and clarify below)	
<input type="checkbox"/> Contact school nurse at: _____	
<input type="checkbox"/> Call 91 for transport to: _____	
<input type="checkbox"/> Notify parent or emergency contact	
<input type="checkbox"/> Administer emergency medications as indicated below	
<input type="checkbox"/> Notify doctor	
<input type="checkbox"/> Other: _____	

## Treatment Protocol During School Hours

What medication(s) does your child take?			
Medication	Dosage	Time of day given	Common Side Effects & Special Instructions

Does your child have a Vagus Nerve Stimulator?	<b>NO</b>	<b>YES</b>	If YES, please describe magnet use:

## SPECIAL CONSIDERATIONS AND PRECAUTIONS (regarding school activities, sports, trips, etc)

Describe any special considerations or precautions:

## EMERGENCY SEIZURE CARE INSTRUCTIONS

Name and purpose of the prescribed emergency anti-seizure medication:			
Emergency Medication	Dosage	Administration Instructions (timing* & method**)	The frequency of administration

\*After 2<sup>nd</sup> or 3<sup>rd</sup> seizure, for cluster of seizure, etc.      \*\* Orally, under tongue, rectally, etc.

## When should emergency anti-seizure medication be administered?

Describe in detail the seizure symptoms, including frequency, type, and length of seizures that identify when the administration of an emergency anti-seizure medication becomes necessary.	
The circumstances under which the medication may be administered:	
Any potential adverse responses by the student and recommended actions and when to call 911:	
A protocol for observing the student after a seizure:	
Who should be contacted to continue observation plan?	

Physician Name	Physician Signature:	Date

Parent/Guardian Name	Parent/Guardian Signature:	Date