SEIZURE ACTION PLAN

School _____ Start Date_____ End 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. _____

Mother/Guardian _____ Home Tel _____

Cell _____ Work Tel _____

Father/Guardian _____ Home Tel _____

Cell _____ Work Tel _____

Treating Physician_____ Tel _____

Significant Medical History _____

Allergies _____

Triggers or warning signs _____

SEIZURE EMERGENCY PROTOCOL

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

☐ 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 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 _____

STUDENT NAME _____

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

Seizure Type(s)	*Description*	
☐ Absence	•Staring •Eye blinking	•Loss of awareness •Other_____
☐ Simple partial	•Remains conscious •Distorted sense of smell, hearing, sight	•Involuntary rhythmic jerking/twitching on one side •Other_____
☐ Complex partial	•Confusion •Not fully responsive/unresponsive	•May appear fearful •Purposeless, repetitive movements •Other_____
☐ Generalized tonic-clonic	•Convulsions •Stiffening •Breathing may be shallow •Lips or skin may have blush color	•Unconsciousness •Confusion, weariness, or belligerence when seizure ends •Other_____

Seizure usually lasts _____ minutes and returns to baseline in _____ minutes.

Triggers or warning signs _____

Call parents under the following circumstances

1. _____

2. _____

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 (grand mal) seizure:
• Protect head • Keep airway open/watch breathing • Turn child on side

A Seizure is generally considered an EMERGENCY when
• A convulsive (tonic-clonic) seizure lasts longer than 5 minutes • Student has repeated seizures without regaining consciousness • Student has a first time seizure • Student is injured or has diabetes • Student has breathing difficulties • Student has a seizure in water

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

Signatures

_____ _____

Parent/Guardian Signature Date

_____ _____

Physician Signature Date